

DENTISTRY

12 1949

DECEMBER 1949

In This Issue:

IS SPECIALIZATION

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HYGIENE



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Sani-Terry HANDPIECES

Interchangeable Sheaths Impress the Patient as a Sanitary Precaution


You can have one to 100 sterilized sheaths to use as each patient is seated. Just snap the sheath into place *without adjustment*. Think of the favorable impression created by this move—possible only with **SANI-TERRY HANDPIECES**.

SANI-TERRY HANDPIECES reduce the discomfort of the patient and lessen the fatigue of the dentist. They are true-running, smooth in operation and free of unnecessary vibration. Work proceeds more rapidly because of the freedom from strain.

Due to the fact that weight is balanced at the point where the handpiece is naturally grasped, **SANI-TERRY HANDPIECES** cause no backward drag on the operator's wrist.

CLEVE-DENT CONTRA-ANGLE U

The **CLEVE-DENT CONTRA-ANGLE U** may be used with the **SANI-TERRY HANDPIECE** if preferred. It fits accurately over the handpiece and is free from unnecessary vibration.





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THE DENTISTS' SUPPLY CO.



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Dentist
for the

HOW TO BUILD A DENTURE PRACTICE

ten practical suggestions that will enable any
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THE GREATEST VALUE IN TEETH, ACCESSORIES
AND PATIENT EDUCATIONAL MATERIAL EVER
PREPARED BY THE DENTISTS' SUPPLY COMPANY

The Publisher's CORNER

By Mass

No. 341



High in the Sky

THIS MONTH, *this department is contributed by our son, who wound up combat service in Europe as Captain John Massol, pilot of a Flying Fortress in the Eighth Air Force. Last week, I ran across a batch of typed excerpts from his letters written in those days. Then, I wanted to publish them but when I sent the excerpts to him in England, he said, "No, nix, nein." Now he says he doesn't care.*

* * *

"I got a couple hours of link time last night and like to went crazy in the process. I was making a flight strictly by instruments, sich a system! The only comparison I can think of at the moment is driving a trailer truck on ice, while brushing your teeth, and

playing a Strauss waltz on the harmonica. . ."

* * *

"My golly, what an airplane! It's strictly a pilot's ship. It takes virtually no physical effort to fly the thing—everything is done by pressures on the controls, not movements. Just out of curiosity I counted the paraphernalia the other day—19 instruments and 42 levers, switches, and assorted cranks. I'm thinking of hiring a secretary to remind me what to do next. I'd like to tell you what some of the procedures are; they're interesting, but that sort of thing is on the restricted list."

* * *

"From a purely scenic stand-
(Continued on page 1816)

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The D. D. T.
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- A comp
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- Well-sp
brushing
- Springy
get soggy
brushing

DISIG

The D. D. T.
available with
two row bris
as well as th
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the style bes
your patient.

DESIGN

makes a difference



These instruments are identical in basic mechanical principle. The difference is a matter of refinement—one of them has been specifically designed for a professional purpose.

The D. D. Tooth Brush has been designed with the aid of a thousand practising dentists —

- A compact straight trim brush head, assuring easy access to tooth surfaces;
- Well-spaced bristle tufts for thorough brushing of interdental spaces;
- Springy long-life bristles that won't get soggy, $\frac{1}{2}$ inch in length for firm brushing;

- A broad inflexible handle for maximum leverage, with a non-skid thumb rest;

and

- A new *twist* in the handle, which automatically encourages the desired up and down rotary motion for gentle gum massage. For Double Duty — thorough cleansing plus gentle gum massage — insist on the brush with a *twist*

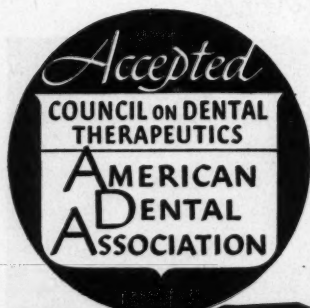
DESIGN makes a difference

The D. D. Toothbrush is available with the popular two row bristle head as well as the larger three row type. Recommend the style best suited to your patient.



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WITH *NEO - SYNEPHRINE HCL 1:3500

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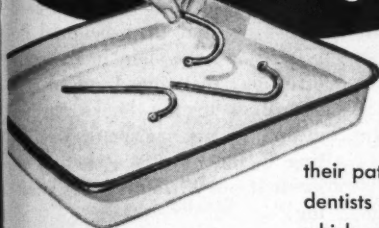
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(Continued from page 1812)

point, Saturday morning was something to make a poet go wild with joy. The sky in the East was filled with gigantic thunderheads and scudding low clouds which were brushing across the tops of the snow-covered mountains, and the whole thing was backlighted with a bright sun. What with it being twilight on the ground, yet warm, and the air filled with the thunder of planes taking off, silhouetted against this awesome backdrop, it looked like an animated mural of 'Aroused America Takes to the Air.' All very breathtaking but aeronautically impractical; we had to quit flying in a couple of hours when the storm got too close."

* * *

"There is still a long way to go, but it is a terrific relief to get that over with. I have had stomach butterflies for the last five days; I frankly didn't know what ailed me but I realize now it was fretting about that checkup. I still have to become proficient in instrument flying and be able to do good night flying and then wangle my way through my forty-hour check."

* * *

"The weather around here has been (censored!) so we probably will be flying this week-end again, nertz. The days we do fly we really go at it, stop about every hour and get out and stretch, smoke a cigarette, and then climb back in and keep at it. Hmm, my roommate just came in with the news

that we have link trainer tonight; that means I won't be through today until ten-thirty tonight. That's what I like about this place, no dull moments."

* * *

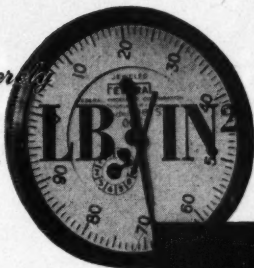
"I had my first instrument spins and 'unusual positions' a couple of days ago. Gar, what a feeling; there is only one way to recover, and you have to go about it in an orderly fashion and in the right sequence, and the seat of your pants tells you that you are all wrong. I got off a couple of good recoveries and then believed the britches. . . she spun in the other direction; that time I stayed at it according to the books. In the meantime, my instructor was sitting in the other seat letting me sweat it out . . . and I was sweating!"

* * *

"It's fun up here. I have my canopy open because it is quite warm and my seat is jacked up all the way for maximum visibility; there is a quarter moon and all the stars are bright. I can see my wings and navigation lights; inside the cockpit it is as black as the ace of spades; my fluorescent light is on and the numerals and indicators on the instruments glow clearly like a luminous watch dial, only much brighter. It's bumpy as blazes and there is no sense in trying to fight it, so you let the ship pitch around as much as it wants to and keep it in a circle in your area. Over the radio I hear the

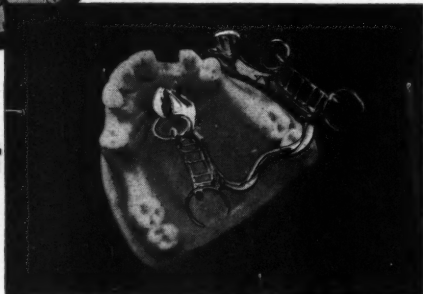
(Continued on page 1820)

it's merely



to a testing laboratory

but it means
patient comfort
to you



To a testing laboratory, Durallium's high performance rating is merely figures taken from a series of tests and expressed in pounds per square inch . . . tensile strength, 112,200 LB./IN² . . . crushing strength, 242,200 . . . elastic limit, 88,000.

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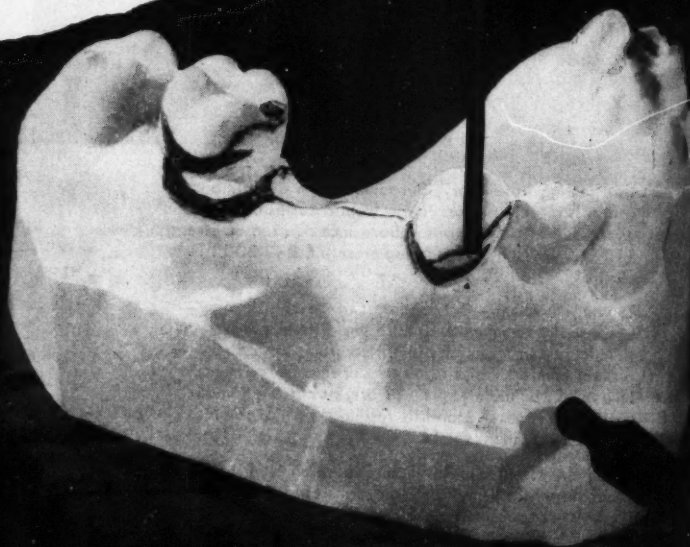
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Careful survey determines the undercut areas and most favorable paths of insertion.



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Expert design then provides the basic plan for a restoration that slips easily to place yet resists unseating by sticky foods.

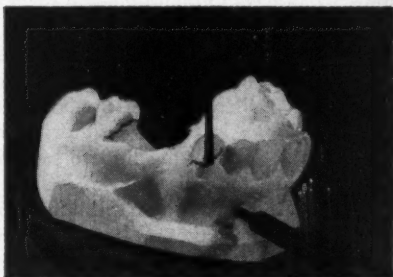
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DESIGN is the essential second step in BOOS processing. Executive experts with years of training and experience in designing thousands of successful cases decide on the type and placement of clasps, and plan to have all clasps work together to provide stability and retention without stress during mastication.

Working from the designer's plan, BOOS skilled technicians use the best materials and most modern laboratory technics to create restorations which require minimum chair time for you and provide long, satisfactory service to your patients.



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Medical Arts Bldg. • Duluth, Minnesota



EST. 1902

plan
place

(Continued from page 1816)
control ship call the ship below me in for a landing, so I pull my throttle back and the exhaust flame, which has been like a gigantic blow torch under my right elbow, shoots yellow flame for five feet. . ."

* * *

"Monday we had a low ceiling, except for a 'hole' about five miles in diameter—gad, it was like flying in a swarm of mosquitos. I had the first three periods solo, so was right in the thick of it. The last half hour I got sick and tired of dodging and being dodged by other ships so eased the throttle open and started up. Had been flying about 3000; at 6000 I broke out on top of the overcast and enjoyed a grandstand seat for a little bit. It was cold as all billy blue blazes up there, though, in spite of the fleece-lined jacket I wangled out of supply, so I spun down to 2000, in two-turn spins, so as to be sure not to spin into somebody, and took the ship in. We are not allowed to do more than three-turn spins, not because the ship won't recover as easily, as it will recover easily from any number of turns, but because there is no object in it and it is too easy to run into somebody. That's never happened, and they want to make darn sure it never does."

* * *

"We flew this morning as usual, and I did something I have been wanting to do for a long time: I flew the whiskers off my instructor, really gave him a good ride.

We went through all the customary stuff, and then he got to showing me a few things that are not on the books. We were booming along having a gay old time, and he asked me if I could roll the ship over on its back, keep it in a straight line, and then roll it right side up in the other direction; tried it and succeeded. Imagine my amazement when I tried to move my head and found that I couldn't! My gosport tube had gotten wrapped around my head and some of the assorted braces; thought my instructor would fall out of the plane laughing at me as I unwrapped myself. You are supposed to loop the tubes under your parachute harness to prevent that sort of thing, but I go on the basis that if I ever take a notion to get out of that thing, I don't want any delays. Like the man who cut three holes in the door so when he told his cats to scat, there wouldn't be any waiting around.

"Went up solo then and really had a time. That crate wasn't straight and level any time; slapped it around the sky for two hours and a half and really had myself a time. Took a whack at every maneuver I had ever heard of, except an outside loop and an inverted spin. The ship would stand it o.k., but inverted spins are strictly forbidden and outside loops are likely to result in 'red-ding out' as opposed to blacking out at the bottom of a dive. And a 'redout' is no good as you don't snap right out of it like you do a blackout."

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**A world-wide reputation for trouble-free service—
A quiet partner—always instantly ready to do a
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THE SLEDGEHAMMER is a potent weapon... just as the "strong" anesthetics are potent. But, just as the sledgehammer strikes with shocking impact, such anesthetics may cause irreparable damage to sensitive tissues.

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ONLY MONÓCAÏNE offers every protection available to modern
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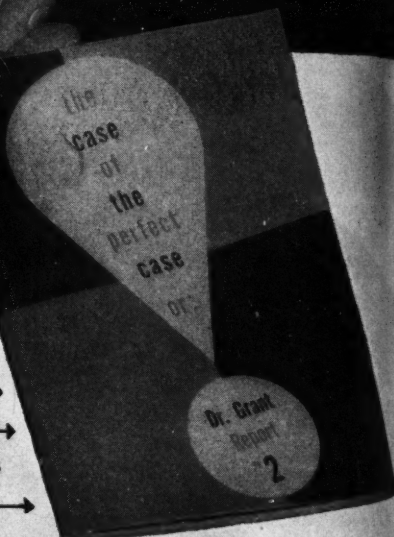
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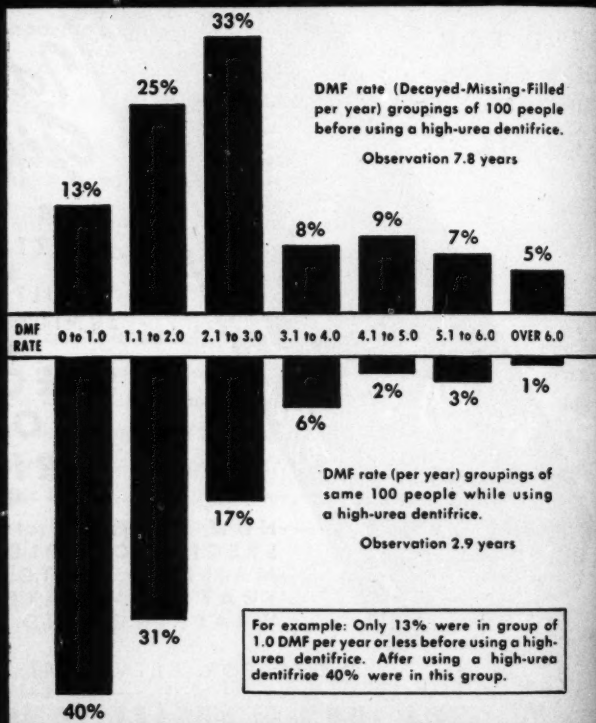
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phosphate, and the high concentration of urea*—powder 22.5% and paste 13%—essential to yield an adequate intra-oral concentration for the penetration of thick plaques—less being required in the paste, since more paste (by weight) is used by the average patient. Clinical tests and gingival biopsies have demonstrated freedom from toxic or other adverse reactions.

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The increasing popularity of the Type "F" Unit with dentists all over the country is due to many popular features . . . no reaching across patients when every instrument is at your finger tips . . . greater freedom of chair rotation, without interference from the unit. For dentists working seated the "F" Unit is ideal with all instruments right at hand. Notice too, the separate, compactly-built cuspidor with built-in aspirator . . . exclusive with the Ritter "F" Unit.

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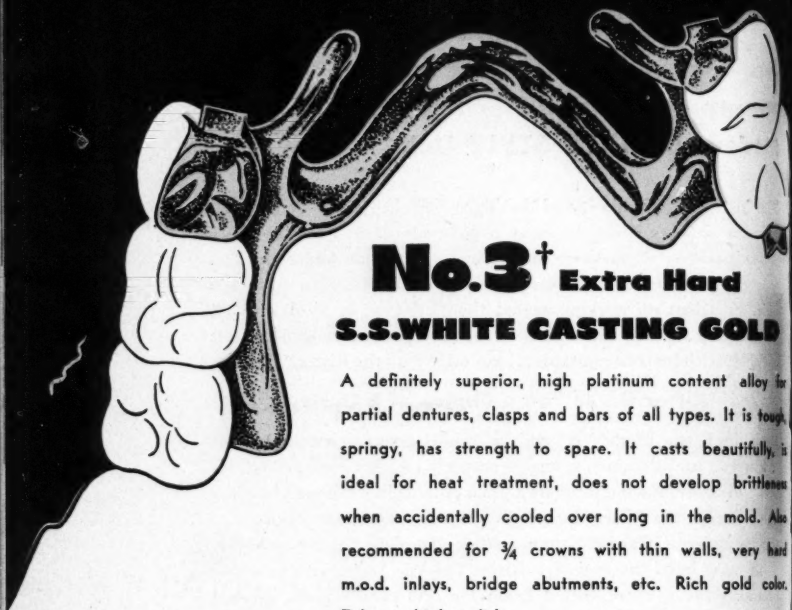
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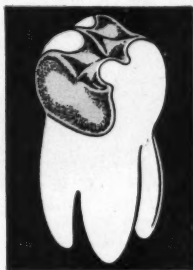
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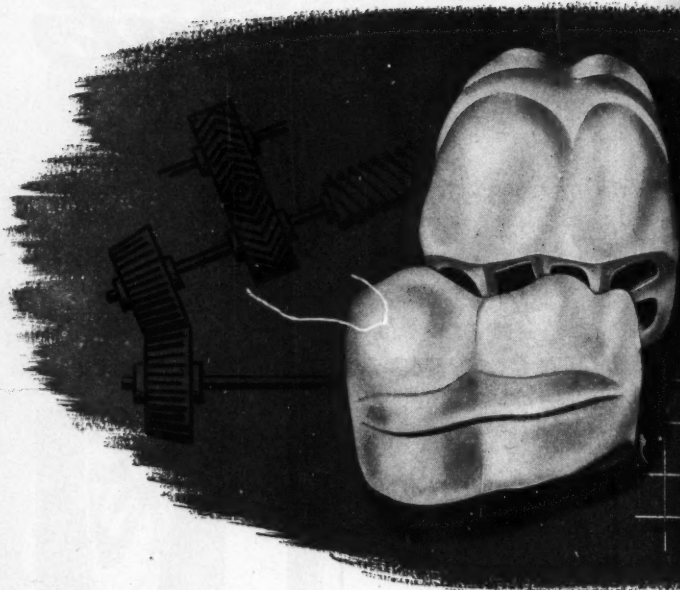
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It's Quick and Easy

Place the lower first molar on the ridge so that the mesio-lingual cusp of the upper first molar fits squarely into the central fossa of the lower first molar (Fig. 1). You will then have the correct overjet. The buccal aspect (Fig. 2) shows the ridge of the mesio-buccal cusp of the upper first molar resting in the anterior buccal groove of the lower first molar in central occlusion.

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THE DENTISTS' SUPPLY COMPANY OF NEW YORK



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works for you—
don't waste it!**

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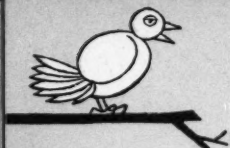
To Correct Buccal Overjet

*It's so easy it's almost automatic.**

Why let your technicians spend unnecessary time trying to set up and articulate other posterior teeth? Instead, standardize on Trubyte New Hue 20° Posteriors, set them to correct buccal overjet and eliminate that lost motion and doubt.

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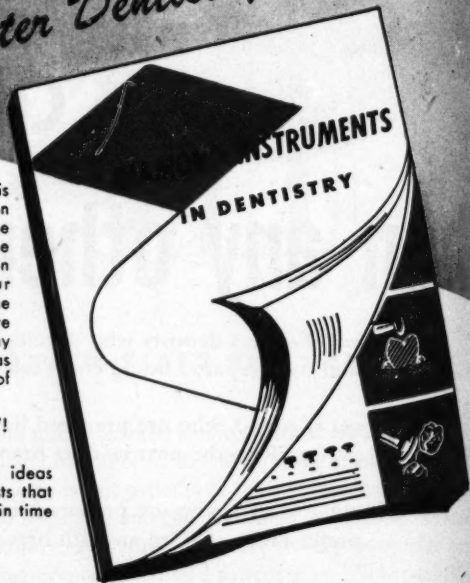
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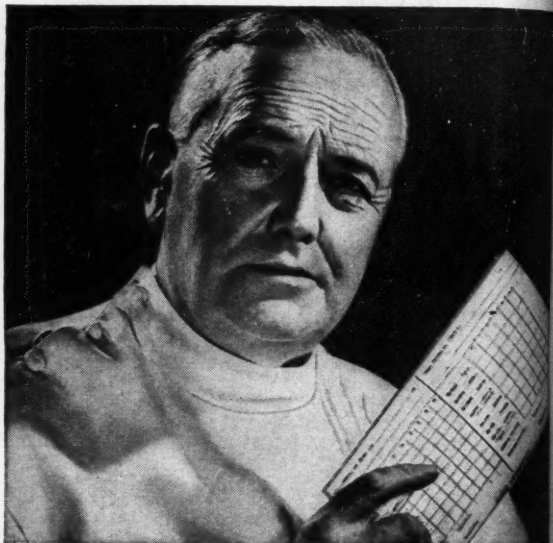
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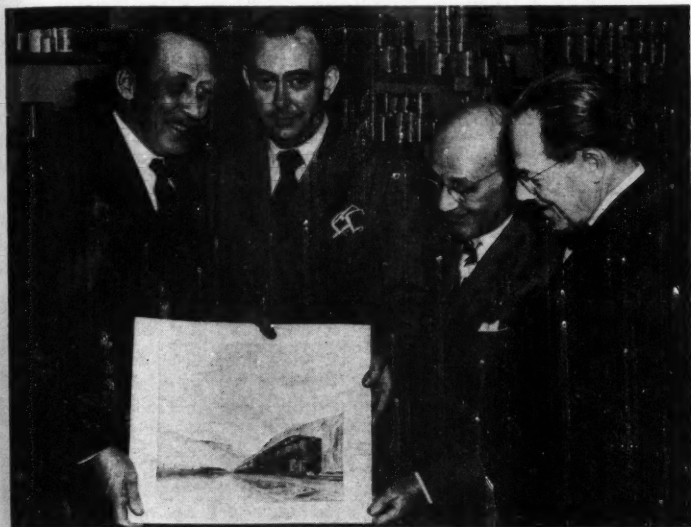
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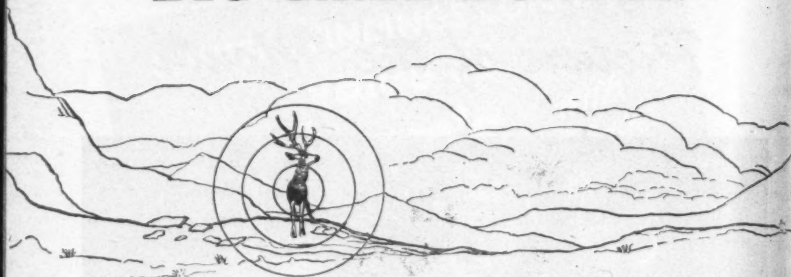
Picture of the Month



A WATER color showing one of the new Lehigh Valley Diesels hauling a passenger train through the cut at Mountain Top is presented by the artist, Doctor E. C. Foppert, (left) Hazleton dentist, to William Ringenbach, Hazleton Division trainmaster for the Lehigh Valley Railroad, who accepts it on behalf of the company. Doctor Foppert has received favorable criticism from all who have seen his painting. Examining the water color are E. C. Kiefer, (second from right) Lehigh Valley Railroad Division passenger agent; and Bob Bersch, (right) staff member of the Jere Woodring store where the presentation was made.—*Photograph, courtesy of Standard-Sentinel, Hazleton, Pennsylvania.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

BIG GAME HUNTER



BY JAY UTTAL

THE MAN TOOK careful aim with his rifle at a giant Dall Ram some 250 yards away, and fired. Bam! The animal sank to the ground, killed instantly by a bullet through its shoulder. The scene: Yukon Territory in Canada. The time: August of 1948. The extremely accurate and cool-headed hunter: Doctor Earl J. Thee of Los Angeles.

Doctor Thee, former treasurer of the Southern California State Dental Association, is considered one of the country's outstanding big game hunters. The ram or white sheep that he brought down with a single shot was the largest taken out of Canada or Alaska in 1948, and won for him the coveted Boone and Crockett Club prize. This award was the North American Big Game Competition medal and scroll, and the animal's head was on display in New York for four months.

"The size of the horns determines the championship," Doctor Thee explains. "The Boone and Crockett Club is connected with the American Museum of Natural History, and is trying to preserve records of big game killed in North America. My white sheep was the tenth largest on record, for many years."

When you visit your local post office in the near future, you will probably get an opportunity to see the prize animal, as photographs of the 1948 winners will be placed in all post offices so as to publicize big game competition. This is the first time such action has been taken.

Custom-Built Weapons

"I shot that ram with a .300 Magnum rifle," the white-haired, husky dentist reports. "The gun was especially built to order. In fact, all of my weapons are custom-built, and I finish my own stocks. It usually takes about six months to complete the weapon as

California dentist hunts big game for relaxation.

I want it, and I have over forty such guns."

Every custom gunmaker of note, including foreign craftsmen, has constructed guns for the dentist. Doctor Thee has hunted elk with double-barrelled elephant guns imported from England, and has ordered numerous other weapons from Britain. Before the last war, he had a beautiful shotgun built to order in Germany.

One of his most interesting rifles was secured from a man who died after having killed lions, tigers, and other such big game with it in Africa on a number of expeditions. Another was a presentation arm for Burns Lyman Smith, of the famous L. C. Smith typewriter

and weapons family; an exquisite piece, it is made of Circassian walnut stock and probably could not be duplicated today: particularly since the wood came from Russia. Doctor Thee managed to get this unusual .35 Whelen recently.

When you walk into the eagle-eyed dentist's roomy den, the first thing that hits your eye is a handsome bear rug. Doctor Thee slew an 800-pound grizzly bear in Alberta province in Canada back in 1937, and had it made into the floor-covering.

"We had gone 350 miles on horseback," he recalls, "along rug-

Doctor Thee with caribou he shot in Alberta province, Canada.





This grizzly was slain by Doctor Thee in Alberta province in 1937, and now provides floor covering for the dentist's den.

ged trails, when suddenly our guide's horse began to raise "hail columbia." This was a tipoff and sure enough, inspection revealed a bear just seventy yards to our left. The grizzly did not see us, though, because it was so busy digging up roots to eat. I had four shells in my gun, a .30 caliber Springfield. The animal had its back to me, so I waited for it to move about. Bears have notoriously poor eyes, but their sense of smell is keen; shortly, Mr. Grizzly heard a sound in our direction and started to turn around. As he did, I fired, and that one shot did the trick—right through the neck. Later, I was told that my trophy was the largest grizzly

bear taken out of the province that year."

Doctor Thee, who also shoots the pistol and shotgun, belongs to two rifle clubs. He loads all of his own ammunition. He has hunted in virtually all the states in the Nation where big game abounds, as well as Alaska and Canada from coast-to-coast. He has killed every legal species of big game on the North American continent. Because of his vast experience of over twenty-five years in the sport, and exceptional skill, Doctor Thee is concerned about the less experienced and accurate hunters. He feels that too many people are slain needlessly in gun accidents. "We give driving tests, inad-

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ous thing—a gun—and allow a person to start hunting with it just as long as he has the price of a license. I think that every would-be hunter ought to be given a thorough test before receiving a license to hunt."

Doctor Thee, himself, never tires of sharpening his own shooting by weekly practice on outdoor ranges belonging to two local clubs of which he is a member; and practicing right in his spacious home. Police gave him a permit to set up a target range for a .22 pistol and rifle in the house. Doctor Thee bangs away at a twenty-five-foot angle for his pistol, and seventy feet for the rifle. He tests every weapon he uses in big game hunts before going after animals. Doctor Thee finds that loading his own ammunition helps a great deal in accuracy.

"Factory-made bullets are built more with an eye toward safety than accuracy," he points out. "My home-made variety gives me twenty-five per cent more efficiency than store-bought."

The hospitable sharpshooter has \$2000 worth of reloading equipment and supplies alone, and employs telescopic sights for every make of gun. He has more than \$10,000 tied up in firearms; one of the most extensive amateur collections in the nation. One of his custom-built jobs shoots at the rate of 4200 feet a second!

Born and reared near Mason City, Iowa, Doctor Thee was influenced early in life by his broth-

er-in-law, also a fine dentist and a great hunter. His first gun was an air rifle, acquired when he was 12.

"My brother-in-law is probably more responsible for both my dental career and hunting hobby than anyone else," he smiles. "As soon as he would hear of some extra-good hunting in a certain vicinity, he would drop his dental instruments and grab a rifle."

Dental Career

A graduate of the University of Southern California, Doctor Thee specializes in mouth reconstruction as well as general dentistry. He is active in dental organization work; having served as chairman of the program committee for the First District Dental Association, chairman of the important research and public information committee of the Southern California State Dental Association, and member of the insurance committee of that group. He believes that every man in dentistry should devote some of his time in working for the profession in which he earns his living.

"I have been fortunate in my quarter-century of going after big game not to have had any close calls," he remarks. "Actually, wild animals fear man and tend to run away as soon as they come in the neighborhood of a human being. Most of the stories one hears about barely escaping with your life are fantastic tales. It is only when the animal is badly wounded that a

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ORAL HYGIENE AWARD

This article by JAY UTTAL has won the \$100 ORAL HYGIENE award for the best feature published this month.

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hunter had better be on his special guard. Big game hunting for me is relaxing. It is an avocation and a vocation for me, and helps me enjoy dentistry more by giving fresh mental approach."

This fall, Doctor Thee is return-

ing to Canada for more big game, this time in British Columbia. He has gone hunting in every type of vehicle; last year, he and his companion drove the Alaskan highway, from Los Angeles to Anchorage, a distance of 5250 miles. On this trip, he will fly north for a change. The record-book guardians better start sharpening their pencils and getting out their erasers!

1632 Central Parkway
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HOSPITAL DENTAL SERVICE RECOMMENDED

ACCORDING to Col. Marhl H. Welch, chief of dental service at Letterman General Hospital, San Francisco, every hospital should have a dental service, just as it has surgical, medical, and other allied services. At least, a competent oral surgeon and dental diagnostician should be available to each hospital. In addressing dentists at the 90th annual session of the American Dental Association, he said, "The dental service naturally should vary with the size and type of the hospital and the service rendered. For example, crippled children's hospitals and mental hospitals should provide complete dental care, while small specialized hospitals would provide only emergency service. A uniform method of recording should be established to include dental records, and to enable practitioners or consultants to go into any hospital and be able to understand or interpret the case clearly."

Col. Welch recommended that when possible dentists should serve for a period of time in some type of hospital dental service, as it is entirely different from office practice.

"I hope to see our profession taking its place more and more in the routine as well as the specialized field of hospital practice," he said. "But, to do this, its members must prepare themselves to fit into the hospital team."

Your Private and Public Relations



Self-criticism and restraint can improve your patients' attitude toward you.

**BY HAROLD J. ASHE
and BOB DOWNER**

WHY IS IT that within a few years after two young dentists open their offices in a community, one has made excellent progress with a lucrative practice, while the other is still struggling to make ends meet?

An easy answer may be found in the fact that one has superior skills and a personality acceptable to the community. Perhaps the more successful dentist has also had certain material advantages of adequate working capital denied the other. Too, the less successful dentist may simply be inept and

temperamentally unsuited to his profession. These, and numerous other factors, may explain the gap that now separates the two professionally.

However, we believe that in many cases an important ingredient with which we rarely reckon is playing a role in the professional fate of dentists. We refer to the dentist's public relations. We doubt whether even a small percentage of practicing dentists are conscious of their public relations and, if they do run across the term, assume that this is a subject concerning only the management of large corporations and big business generally.

The term "public relations" means just that—relations with the public. The effects, for good or ill, are essentially no different whether these public relations concern U.S. Steel or a dentist prac-

ticing in one of America's rural communities.

While large companies retain high-priced public relations counselors to advise them at every turn, the dentist, necessarily, is on his own. Without giving the subject a thought, the dentist, nevertheless, is affected by his public relations. Depending only upon his actions and reactions, his public relations may range from excellent to good to hopelessly bad.

Regrettably, many dentists overlook the fact, until too late, that their public relations can be determined by what they do in their private life, as well as by the manner in which they handle and treat patients in their offices. Public relations are the sum total of all of their actions that affect their patients' opinions and emotions. By extension, the subject may include the entire community; both patients and non-patients.

Arguing is Out

Not a few dentists are inclined to think that because they have a successful practice they must be just a shade brighter than their colleagues. Even granted that this may be true, there are those quick to debate the point. And, from this conclusion of intellectual superiority, flows a compulsion to pass on some of this priceless wisdom. Arguing over controversial subjects, either in the office or on the street, or in other public places, however, is no way to influence

dental patients or anyone else.

Not long ago an irate reader wrote to the "Letters to the Editor" column of a small-town weekly newspaper complaining about "exorbitant" medical fees and, casually lumping dental charges in the same category without, however, being as explicit as in the case of medical bills. A local dentist, coming to a quick boil, joined the reader in combat—all in the name of *Better Public Relations*, we suppose, because he thought he saw a springboard from which to plunge into public print.

This dentist's reply was a tactical error of the first magnitude. Probably, if he had not replied, the matter would have died. As it was, his answer provoked a quarter of a page of letters from other readers who further undertook to document the "exorbitant" medical charges leveled by the first letter writer. Even now, six months later, the subject is good for a letter or two a week from "Indignant Reader," or one who signs himself "I'm for socialized medicine." Significantly, neither physicians, the superintendent of the local hospital, nor druggists, have felt called upon to defend themselves.

The dentist's letter that brought down on his head the wrath of many influential leaders in the community was his bald admission that: "Of course my prices are higher here than elsewhere." He defended this upon the grounds of higher living costs and the high rent he paid. This dentist's mis-

take was to get into a dogfight on an issue that did not, primarily, concern him, but in doing so he admitted that similar charges could be aimed at him, whether fairly or not.

Good public relations mean "watch your step." And newspaper letter columns are a pitfall to avoid when they are used to air controversial questions. Freedom of speech is guaranteed by the Bill of Rights, but it should be exercised with judgment and restraint by professional people, generally.

This cannot be too strongly underscored where partisan politics and religion are concerned. A dentist can be active in his own church without damage and, no doubt, he will earn the respect of church people of all faiths. But, let him offensively try to proselyte those attached to other churches and he is heading for serious trouble. Many an agnostic has ruined an otherwise fine practice by parading his doubts and his criticisms of religion about the community. Being known as the town "free thinker" may have its compensations, but this is reflected rarely in the dentist's bank account; except negatively.

Risk in Politics

Partisan politics has a lot more dynamite than religious bias. Every year a good number of dentists seem determined to invite trouble by playing with short political fuses and shorter political tempers.

One dentist explains his philosophy this way: "I'm active in my party because it ought to be good for business. I let candidates use my name on their sponsor list so I can get publicity. I wear a party button so everybody in my party can see I'm on his side."

What this dentist overlooks is that our dislikes are usually stronger than our likes. Even where there are an equal number of partisans on each side, such a dentist makes more bitter enemies than lukewarm friends, and the enemies do him more harm than a like number of friends can offset.

Most fair-minded people will not deny anyone the right to his own political views. They do frequently object to another's sponsorship of a candidate, his letters to newspapers, his campaign buttons, his rally speeches and his precinct work, which seem to be aimed at changing their own fixed views. This is not to say that it is a correct attitude or that we condone it but *that's the way it is!*

After the last presidential election, one dentist drove around his town every evening in his car on which were draped gloating signs which proclaimed to the losers, many of whom were his friends (or had been) and patients: "I was right and you fools were wrong." But, he said it in much stronger language. Three months later he was complaining about bad economic conditions.

There are times when it may be to the dentist's advantage to

criticize an action, a policy, or a group, or to take sides on some controversial issue, but the best rule is, when in doubt, don't.

One dentist who is keenly interested in politics, yet who is not unmindful of the economic sanctions that can be exacted, nevertheless participates, though quietly. With him politics is both an interesting hobby and a civic duty. He feels keenly on many political and economic issues confronting his state and Nation. He insists that he has a right to his political views and to work for what he believes are the best interests of our country. But he is aware that many people have a low boiling point where politics are concerned and that he is in a profession responsive to the whims and hatreds of others. So he attends county meetings of his party and, because he feels he cannot do precinct work, he makes up for this by donating more heavily to campaign funds than otherwise. This provides his party with needed funds, as useful as rank-and-file workers who cannot be discriminated against in the pocketbook.

Like Caesar's wife, good public relations may require that the dentist be above reproach. In smaller communities, especially, people

may be slow to say a good word for a newcomer. They are not slow in finding fault if any semblance of cause is given.

We recall one dentist in a small town who got a bad grapevine "press" because of his reckless driving and arrogant disregard for the safety of others. Stop lights were a challenge to be defied. At one time or another probably half of the townspeople had seen him ignore the most elementary rules of the road. Speeding tickets were a weekly occurrence. Finally, as had been predicted, he struck and critically injured a pedestrian, a highly respected leader of the Parent-Teacher Association. This didn't slow him down, but his practice ground to a stop. When last heard from he was trying to build up a practice in a distant city.

Public relations are not confined to the dentist's practice or to office hours. They extend into the dentist's private life, too. The dentist should school himself to watch any action that will result needlessly in bad public relations. Good public relations call for constant vigilance.

2002 Knopf Street
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THE COVER

THE COVER features the American Dental Association Relief Fund Christmas Seal. We urge every dentist to support this worthy project and to contribute as generously as possible.

Neurotic Trends in Patients

BY JOSEPH MURRAY, D.D.S.

THE SCOWLING mother was berating her little boy as she virtually dragged him through the street on the way to school. "How much are seven and three?" she demanded angrily. His response was only a copious flow of tears. "I won't move another step if you don't tell me," she continued belligerently. His continued silence and weeping only served to infuriate the frustrated mother.

Both the mother and child are some dentist's patients. And, both are probably making some dentist's life miserable. For the mother is definitely a neurotic, and the

Can you classify your patients according to neurotic tendencies?

youngster is rapidly becoming one.

This woman is the aggressive or domineering type. She usually tells the dentist, "I'm not a bit nervous." She's more than a bit nervous. In fact, she's neurotic.

Doctor Karen Horney, the eminent psychiatrist, calls this trait of character a neurotic trend. Since we dentists deal with personalities, and our livelihood to a great extent depends upon our understanding human behaviorism, it may be to our advantage to detect the various trends in patients. Only then can we approach them with a better

understanding and reasonable assurance that our psychologic approach will be correct.

However, before describing these neurotic trends, it might be appropriate to define the term, *neurosis*, and explain how it develops.

Neurosis means a morbid nervous state. In an unfavorable environment, a child will develop fear for his survival as a person. Such feelings of insecurity, peril, or fear, give rise to inferiority feelings.

The child feels helpless, abandoned, alone, isolated; he feels there is no one to whom he can go who can be trusted, and the whole world is hostile to him. He inevitably develops a sense of hostility to the world.

The state of being helpless, isolated, and hostile, is called basic anxiety. This is the motivating force that starts the neurosis.

In order to allay basic anxiety, the child mobilizes his resources and energies, and his attitudes and behavior toward others are modified in the interest of insuring his safety.

Types of Neuroses

Consequently, he will develop one or more of the following neurotic trends:

1. Compliancy
2. Aggressiveness
3. Isolationism

The compliant type wants to be loved, is afraid to offend, and is rarely troublesome. This patient will agree readily to any sugges-

tion you may offer. He or she will need little convincing that inlays or expensive restorations are indicated. With such patients it is best to exercise caution, because they cannot say, "no"! As a result, they may become poor credit risks.

This type will always be on time for appointments and will often tolerate pain unflinchingly. This is the dentist's dream of the ideal patient that often turns into a nightmare.

The aggressive type is always insisting on his rights, pushing his claims, and competing with others with the aim of excelling.

This patient is always arguing, disagreeing, and dominating. He or she often tries to "chisel" or strike a hard bargain. A common complaint is, "No denture can be made right the first time." Or, "This filling is too high, and that one is too low."

Such a patient will often belittle a former dentist's ability. And, woe to the unfortunate practitioner she "gets under her thumb."

These patients should sign written contracts, wherein fees, type of service, and other stipulations are down in "black and white." When this type of person has long forgotten the agreement and has decided your restorations are unsatisfactory, you can always refresh her memory.

The Detached Type

Finally, we come to the detached or isolated type. The tendency to

move away from others is expressed in withdrawing and maintaining personal privacy. It satisfies natural interests in self-sufficiency and independence, natural needs for solitude, respite from the impact of the outer world, contemplation necessary for maintaining contact with oneself and for developing one's own creative capacities.

The detached person must keep a distance between himself and others. He usually attributes this trend to independence and self-sufficiency.

It is, therefore, important to recognize this trait. Judicious questioning by the dentist will elicit vital information. For example, is the patient creative? Does he paint or sketch or play a musical instrument? Does he keep friends over a period of years? Or, does he feel the compulsion to drop them like a "hot potato" as soon as they desire a more intimate relationship?

In other words, the predominantly detached person may like

to have people around him and, to the impartial observer, may appear to be sociable and well-integrated. However, he cannot get too close to others because it makes him extremely uncomfortable.

The neurotic individual evolves special, falsely rationalized values for neurotic trends in order to justify them and in order not to see them in their true light. So, what appears to him as sensible, logical, and necessary is usually remote from the truth; while natural and healthy ways are regarded as inferior, senseless, and impractical.

As a final bit of advice it can do little harm to regard every patient as a potential neurotic. Even if it is difficult or impossible to place the patient in the proper category, invaluable experience is obtained in judging personalities. Besides, when we anticipate trouble, we are often agreeably surprised to find it has circumvented us.

1358 46th Street
Brooklyn, New York

WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

Is Specialization

Helping

DENTISTRY?

BY C. L. MEISTROFF, D.D.S.

SPECIALIZATION seems to be the watchword and at the same time the bane of dentistry today. Every field is split, thinned down, and streamlined to a unit of complicated limitations compressed into the dimensions of one solitary phase. The opportunity to see what is the final result is removed from the sphere of each preceding operator; thus depriving him of the personal follow-up of each case.

The extent to which this inclination goes may well be called idiopathic. In prosthetics, for example, it has moved to the limit wherein certain operators will do nothing but partial prosthesis; others will handle nothing but full dentures. The surgical preparation of the ridges is left to the oral surgeon-exodontist. The determination of the fitness of the remaining teeth to support partial prosthesis is left to the periodontist, if he is consulted.

There was a time recently past when one man would be the proud possessor of x-ray equipment; he performed all the roentgenographic surveys and associated service. He was the roentgenographic specialist. The error of this specialization was seen quickly by the general profession, and offices in which x-ray equipment is not a part of the regular setup now are rare.

The specialist phase has ventured even further. In certain states, Illinois, for example, to

Dental specialization needs reforming, according to this dentist.

practice as a specialist one must take examinations to certify as a specialist. This further creates more splitting within the profession.

We have in medicine today the merging of four fields in one: ear, eye, nose, and throat. Because of anatomic proximity and location, pathologic confluence, and symptomatic similarity reference, the importance of modifying the superficial differences and particularizing all these specialties under one head was a recognized necessity.

Overlapping Fields

There exists in dentistry today a situation overwhelmingly similar. After three years in my own practice, I have observed that following a trend away from specialization has brought equal benefits to both operator and patient. Practice was experimented with to embrace only those fields in the provinces of periodontics, exodontics-oral surgery, and prosthetics. These were found to present functioning roles in which the scope of each overshadowed, merged, and interlocked with the others, not as superficial measurements, but definitely on the regimen of diagnosis, prognosis, treatment, preparation, and instituting of biomechanic appliances to improve or correct dental deficiencies quantitatively and expediently.

Oral surgery-exodontics, periodontics, and prosthetics, present such a mutually interlocking relationship that it is impossible to ascertain where one definitely ends and ceases to bear relationship to the other two. To be of the fullest and most complete benefit to patients, all three should be combined and incorporated with a thorough understanding of roentgenographic principles and put to practice in the hands of those properly qualified operators whose capabilities could correlate beneficially the bases of these three fields for patient betterment.

Periodontics

Let us consider the periodontist; he is versed in the laws of occlusion, periodontal conditions and adnexa, periodontal-alveolar-gingival pathology, and the surgery concerned with treating these conditions. He also knows and understands the reasons for extractions, alveolectomy, resections; the fundamentals relative to full and partial denture prosthesis as regards which teeth to retain or to extract; the numeric sufficiency and fitness of the retained teeth to properly support partial prosthesis.

In the realm of surgery he is familiar with how extensive an alveolectomy to perform; plastic operations on the tuberosities or freni; pushing back muscle attachments or origin to provide for deeper mucobuccal or labial folds for insufficient denture periphery; the status of the remaining osteology

as prosthetic support and for a subsurface survey.

As for prosthetics, the situation must be given correlative and analytic thought. For full prosthesis, are the ridges suitable for denture seating? Are the tuberosities bulbous? Are the freni short, full, or do they terminate on the ridge? Is the tongue free? Is the torus an interference factor? What about sharp flanges in the sublingual area? Are the soft tissues in good condition? Are the upper ridges and vault so constructed as to preclude for a roofless denture? These are some of the overlapping problems in full prosthesis. In the event of immediate full dentures, divided attention and responsibility between exodontist and the prosthodontist adds more to the confusion.

Partial Prosthesis

For partial prosthesis there are similar problems. Are the edentulous spaces large or small? Has there been any exfoliation of the opposing teeth? Do the adjacent teeth lean in producing serious undercuts? Are the remaining teeth in one or more groups or scattered? Are they free of alveolar involvement? If so, what is the prognosis for future involvement? Are they of sufficient number to support an appliance? Is the appliance expected for temporary function only? Is the occlusion to be opened or closed?

The most important problem of all is: Does the patient really de-

sire to maintain the newly rehabilitated mouth condition, or does a lapse into oral neglect present future dental problems? Which of these three specialists must take it upon himself to insist on maintained oral health? Will all three do this? Here the whole professional status is so split up that no one knows whose responsibility is whose and the entire scheme of things has degenerated to a "Let-George-do-it" situation. It is impossible for the treatment in one field to be done thoroughly and for an operator to feel he has done his best on case completion by simply referring the patient to another operator who in turn refers him to another. Many times the original practitioner does not see the patient again until traumatic occlusion has driven him back for additional treatment or advice. Then it is too late for anything.

In all fairness to dentistry, to the patient, and to the operators, one should be capable of combining all three and keeping an eye on the successive stages of roentgenography, periodontics, and prosthetics instead of performing a single phase of each. The tendency to specialize to extremes and to give more attention to one field does nothing but rob that field and its associated fields of cooperation and compared opinion. This divides the opinions, the attention, and the unbroken link of operation that should be under the constant surveillance of one practitioner who can check each aspect of the

case as progress is being made instead of dropping treatment at his border and turning a patient over to two different observers; each not being checked by the other two whose points of view greatly vary but whose basics overlap despite artificially created spheres. The benefits that would accrue in the follow-up of each case should be shared by both operators and patient.

The periodontist, exodontist-oral surgeon, and prosthodontist all practice on the same professional stratum. The unity of these specialties would produce a wider scope; giving greater flexibility of operation through interlocking fundamentals. Since all the basic

knowledge of these three fields is common to each specialty, one operator should be capable of unifying all the basic facts under one hand. Again, patients dislike an office itinerary of being shuttled back and forth.

The present-day specialist pattern in dentistry is in need of complete overhauling. Isolation of single fields tends to produce an intraprofessional crystallization that erects internal barriers seriously interfering with good cooperation. The reverse tendency should be encouraged for the good of the profession.

*113 East Grace Street
Richmond, Virginia*

ESTIMATES COSTS OF COMPULSORY HEALTH CARE

AT THE RECENT 90th annual session of the American Dental Association in San Francisco, Doctor Loren T. Hunt, Lincoln, Nebraska, professor in the University of Nebraska College of Dentistry, estimated that medical and dental care for all American people would cost the Government \$7,500,000,000 per year under a compulsory payroll tax health insurance plan. This figure was based on the Hoover Commission's report that the Government had spent \$1,250,000,000 on medical services to one-sixth of the population last year.

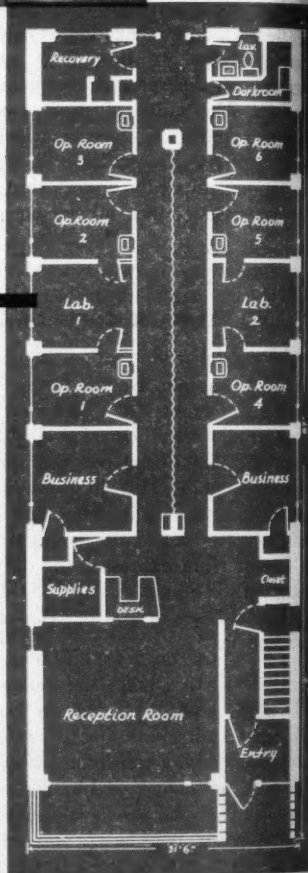
Doctor Hunt expressed the opinion that the Federal Security Administration's estimate of \$4,107,000,000 for the cost of complete medical and dental care of 100 per cent of the population in 1960 was entirely inadequate.



A Professional Building for Two

THIS ATTRACTIVE, modern building is the new setting for the offices of two Webster Groves, Missouri, dentists, Doctors V. P. Thompson and L. H. Robinson. Together with Architect Harris Armstrong, they spent considerable time visiting and observing many offices and buildings to determine what type of structure would best serve the needs of two dentists and, at the same time, enable each to maintain his individuality.

The dental suites are divided by two halls (above, right) running the length of the building; each four feet wide and separated by a



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directed to either dentist's suite.

The large reception room (bottom) across the front of the new building measures 17' x 20' x 10'. It is decorated in a uniform but pleasing manner, with walls painted a soft chocolate color and a white ceiling. With this the decorator has used a solid beige carpet and furniture of natural wood finish; upholstered in a fabric which blends with the color scheme. An interesting feature here is the large glass-topped table with a hand-made base which is effective

ess partition. The walls are tinted light green, and tan marbled linoleum is used on the floors throughout. Privacy as well as light for each side of the building is provided by the corrugated glass paneling. There are separate closets for soiled linen at the end of each hall.

Each dentist has his own business office (center photograph). Hardwood floors are carpeted in a light caramel color, walls are paneled with fir, and each room has an acoustic ceiling. Furniture and fixtures were selected to harmonize with the carpeting and paneling.

The entrance to the building is sheltered and surrounded by open brick screen. Patients enter a hall from which they may enter the reception room or they can be



in the center of the room. Across one side of the room is a large plate glass window curtained with a real fish net. Draperies with a bold geometric pattern hang at each side from a transverse rod. The reception room is bright, warm and not unlike a comfortable living room in a modern home.

In addition to his office, each dentist has three operating rooms and a laboratory. The operating rooms are 8' x 10' in size and, like the halls, have light green walls, acoustic ceilings, and tan marbled linoleum on the floors. There is an abundance of electric outlets, and all wash basins are equipped with foot pedals.

Common Facilities

In all, the building contains seventeen rooms and three large halls. The dentists share such common facilities as linen room, record room, dark room, recovery room, and lavatory. The dark room, painted chocolate color, has a built-in sink and generous storage space.

The basement covers an area of about one-third of the building and provides ample room for storage and extra laboratory equipment. Two Servel units of three and a half tons each automatically heat and air condition the building, using natural gas.

The construction consists of a poured concrete foundation, with cinder block and stucco walls, and has been planned to accommodate

an additional story when needed.

The dentists' former offices were on the second floor of a well-located building in the business section of a suburban area with a population of 25,000. Not far from the old offices they found a suitable lot convenient to transportation facilities and the business area. The lot proved adequate for their plans, being 57' x 157' with a frontage on the main thoroughfare. The finished plans for the building covered an area 35' x 81', about 2500 square feet in all, allowing for a driveway on one side and parking space for several cars in the rear.

A projecting roof at the rear of the building serves as a shelter for those entering from the parking area. Since this entrance is at ground level, access to the building is easier for crippled and elderly people.

Set back about fifteen feet from the street, the building has a well-landscaped frontage, with ever-green-filled terrace in front of the picture window; giving a pleasant view from the reception room.

Doctor Thompson and Doctor Robinson agree that their new offices are cleaner, brighter, quieter, and more spacious; and that these qualities have combined to create more relaxation for all concerned. More than that, they are now their own landlords; they do as they please; and do so when they wish. This alone has made their venture worth while.

So You Know Something About DENTISTRY! ?

QUIZ LXIII

1. Which of the following influence dental caries? (a) rate at which acid is formed in the mouth, (b) rate at which acid is neutralized in the mouth, (c) presence of antiseptic dentifrices.
2. True or false? Hypercementosis of teeth in the anterior mandibular region is rare.
3. Impacted maxillary first and second molars should for the most part be removed from the (a) buccal, (b) lingual, (c) occlusal, aspect.
4. Can the elasticity of the dentine be depended on to permit sufficient retention of an amalgam restoration?
5. Diabetics tend to have a (a) low, (b) normal, (c) high, incidence of alveolar resorption.
6. Is it always wise to close spaced maxillary incisors before the permanent cuspids erupt?
7. Which of the following help minimize side reactions of local anesthetics? (a) the use of sharp needles, (b) slow injection, (c) the use of smallest quantity of solution to produce anesthesia, (d) premedication.
8. Erosion in children is usually associated with (a) green stain, (b) malocclusion, (c) xerostomia.
9. Should artificial lower second molars be set inside the ridge to correspond with the natural teeth?
10. The chorda tympani nerve arises from (a) the seventh nerve, (b) the ophthalmic division of the fifth nerve, (c) the fourth nerve.

FOR CORRECT ANSWERS SEE PAGE 1878



Portraits and Profiles

Of American Dentists

By Howard A. Hartman, D.D.S.



Above: John R. Abel, Los Angeles, President of the Southern California State Dental Association; and Mr. James Robinson, Executive Secretary of this organization.

Below: Walter J. Monia, of Beverly Hills, General Chairman of the meeting of the Southern California State Dental Association, gives convention statistics at a luncheon in Los Angeles.



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 bore: Left to right:
 Robert L. Borland,
 Past-President, Southern
 California State Dental
 Association; the late
 Elton L. Liscom; and
 Frederick A. Bricker;
 all of Los Angeles.



Wald D. Timmons,
 Dean of Temple Uni-
 versity Dental School,
 Philadelphia; and B. B.
 Collum of Los An-
 geles.



Walter J. Monia, Ber-
 ley Hills; and John B.
 Wilson of Los Angeles,
 President-Elect, South-
 ern California State
 Dental Association.



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

DENTISTS AND PHYSICIANS SHOULD WORK TOGETHER

THIS IS not in the humor column but it might be printed there. A dentist in one of the north central states sends us a gem of a diagnosis and treatment suggestion from a physician. Written on an R blank, here it is:

"A. O. needs removal of his remaining teeth and then double dentures. I have told him of the new 'geared' teeth which are actually an improvement on Nature. Show them to him and see if he wants them. He has a duodenal ulcer, so he needs to be able to chew his food well."

What's wrong with this situation? It is an order for treatment, not a suggestion for diagnosis, or a request for cooperation. It is an expression of ignorance because there are no new "geared" teeth and certainly "double dentures" are not an "improvement on Nature." Ask the man who wears them!

When we speak of medical-dental cooperation this is not what we mean. The patient who needs an appraisal to determine the presence or absence of dental infection should be sent by the physician to the dentist for consultation, not sent with an order for treatment. The details of treatment are to be decided by the dentist and should not be prescribed by the physician. There is nothing in the incident quoted that suggests that the physician considers dental disease or treatment as anything except the most casual kind of procedure, or the dentist anyone except a workman to take orders.

Let's turn the tables and have the dentist refer a patient by peremptory order to the physician. A similar gem of arrogance might read:

"A.O. needs his prostate removed, a new double-barrelled one sub-

stituted. I have told him of your new models. Show them to him and let him choose one for size and shape. Maybe he would like a day-time model and one to use at night. Show him your samples."

If a physician received such an absurd order from a dentist he would brand him as an ignoramus or a dolt—or worse. Even when a dentist requests cooperation from a physician in evaluation of a case he is frequently rebuffed.

We hear a lot about medical and dental cooperation. For the sake of the public there should be more. A patient with an obscure systemic disease is often told to "see your dentist." The patient consults his dentist and is told that there is or is not something amiss. No report is sent to the physician, no information is received from him regarding the conditions under review. The dentist is just as often at fault when he suspects systemic disease and disposes of the matter by suggesting "see your physician."

Cooperation means a flow of effort in two ways. It is not a master-servant relationship. Cooperation means equality. From the dentist's point of view it means making a complete examination and diagnosis of every patient referred to him by a physician and sending a *written* report of the conditions to the physician. From the physician's point of view it means referring patients for consultation and advice to the dentist with a suitable note of introduction, but not with an order for treatment. When the dentist is the one referring a patient the same courtesies should be followed.

There are many liaisons between medical and dental organizations and active cooperation to promote or oppose legislation. That is splendid and as it should be. Both professions are in the same category in the minds of lawmakers and we should work closely together for our own protection. We have a common goal, and there certainly is no competition in objectives between the two groups. A little more cooperation and understanding is needed at the individual, inter-personal level.

Edward J. Ryan

Dentists in the NEWS



St. Louis (Missouri) Post-Dispatch: Doctor James J. McCaffery, a dentist, has been appointed by Mayor Joseph M. Darst to serve until April, 1951, as a member of the Board of Education of St. Louis. Doctor McCaffery fills the vacancy left by Doctor Rudolph Hofmeister who recently retired. This appointment brings to three the number of dentists on the twelve-member board. The other dentists are: Doctors Francis P. Sullivan and Herbert O. Winterer.

Boston (Massachusetts) Sunday Herald: There is one thing Doctor Ephraim Hackett of Farmington Falls, Maine, wants to do before he dies: That is to see that George Washington gets a square deal. Doctor Hackett, a retired dentist, is 76 years old, but he believes he has plenty of vigor for the job he has assigned to himself, which is to make some important changes in American history textbooks and in numerous American public documents.

You never know where or when a historic discovery of the greatest moment will be made, Doctor Hackett says. As an example of this, he tells the story of his prized quilt. He discovered un-

expectedly through a chance remark made by one of his patients, that it had something to do with Washington. Doctor Hackett bought the quilt in 1930 from a descendant of Mary Woodman. She had made the cover of the quilt in 1814 out of printed cloth brought from Philadelphia in 1792 to North Hampton, New Hampshire, by her father, Samuel Woodman.

The quilt cover contains seven squares of linen on each of which appears a print from a copper engraving of the plan of the city of Washington, D. C., together with a picture of the first president, his coat of arms and the words, "W. sculptus," which Doctor Hackett translates as "done by Washington." This finding, supported by further research, is conclusive evidence, according to Doctor Hackett, that the Nation's capital was planned not by the French engineer, Peter Charles L'Enfant, as has been believed, but by George Washington himself.

"Now," says Doctor Hackett, "we are going to give our first president the credit that belonged to him and which he lost for so many years."

News of Norway: An ardent sailor, Norwegian dentist, Jul Nielsen, saw an opportunity to fulfill an old ambition when several months ago he was offered a post with the Norwegian Public Health Office in New York City. Quietly and almost unnoticed, Doctor Nielsen recently guided his 45-foot sailing craft into New York harbor after a 59-day crossing of the Atlantic from Norway. Together with three companions he set sail via Lisbon, Portugal, and following what he termed an "uneventful crossing," arrived in New York to take over his new position. His ship, a former Norwegian Coast Guard vessel, covered most of the distance under full sail although it is also powered with an 18-horse auxiliary engine.

Indianapolis (Indiana) Star: Doctor Charles C. Cohee, veteran Indianapolis dentist, can also lay claim to the title of inventor, with such items as a leak-proof pipe guard, a furnace device to



control humidity and combustion, and a flour sifter to his credit.

In nearly every instance, Doctor Cohee's inventions have fulfilled a decided need, either for his own personal satisfaction, his office, or his home. His furnace device injects steam and air over the fire to convert carbon monoxide to dioxide, providing moist air throughout his home.

New York (New York) Times: A Peruvian mummy estimated to be 3,000 years old recently emerged from its dusty wrappings at the American Museum of Natural History after an hour and fifty minutes of unwinding. It was the first public performance of its kind and was witnessed by over a hundred spectators, including newsreel, television and news photographers. Doctor Harry Shapiro, Professor of Anatomy at Columbia University School of Oral and Dental Surgery, and chairman of the Museum's Department of Anthropology, estimated that Mummy No. 49 was the remains of a well-matured Peruvian, at least fifty years old. Elongation of the head was accomplished, he said, by strapping boards against sides of the head in infancy.

Five teeth remained in the lower jaw and there was some muscle tissue and skin fiber. Two upper teeth and three others were found in the dust pile

that remained from the pulverized fabric removed from the mummy.

The mummy was one of 400 unearthed in 1927 in the Paracas peninsula and was brought to this country by plane September 12. According to museum officials, the mummy is now ready for public display.

Des Moines (Iowa) Tribune: There is a man in Des Moines who believes he has a year-round vacation. He is Doctor A. W. Gugisburg, a dentist, who leaves Des Moines twice a year, once in the summer, and again in January, carrying in his luggage two Leica 35-millimeter cameras. Doctor Gugisburg is an amateur photographer and in the summer he goes East or North and in the winter to the Southwest, California or Old Mexico. His objective is to capture on film the beautiful and interesting things he sees. During the months between his trips, he develops and prints these high spots of his vacations. The recent one-man exhibit of twenty-six salon photographs in Des Moines is



evidence of Doctor Gugisburg's wide travels and photographic skill.

Capturing the beautiful or bizarre has not always been easy for him. To get some of his pictures, Gugisburg has even spent the night in a sleeping bag during a mountain blizzard in an unsuccessful attempt to get a picture of a Pike's Peak sunrise and sunset.

His home state of Iowa affords the best opportunity for amateur photog-

raphers, according to Doctor Gugisburg. There is a definite change of scenery four times a year with interesting cloud formations from day to day, and the air is relatively free from haze and dust.

Pittsburgh (Pennsylvania) Press: Doctor Elliott (Steve) Brodie, East Liberty dentist and former Pitt swimming captain, had an idle evening on his hands about ten years ago—and thus became a hypnotist and later a magician. Howard Klein, famous Philadelphia hypnotist, performed that evening and Doctor Brodie was in the audience. He became so enamored of hypnotism that he sought out Klein; they became good friends, and Klein taught him the fundamentals.

Doctor Brodie has been hypnotizing people ever since, either to entertain or assist them.

"In the first place, in hypnosis the pa-

tients must be willing," Doctor Brodie points out. "There is no secret to it. It is merely the power of suggestion. No person can be hypnotized unless he wants to be.

"I got the biggest kick out of Clyde Kluttz of the Pittsburgh Pirates. Kluttz had heard about me working on some of the other Pirates and told me he was in a bad slump and asked if I could help him. Under the power of suggestion, I convinced him that he would have a big day that very afternoon.

"Well, Kluttz hit a home run and two singles and made a great man of me! But I can't guarantee this procedure!"

Doctor Brodie's hobby has been a great source of entertainment where it was badly needed, in some 450 USO shows during the war and at veterans' and children's hospitals where he still performs.

Awards for items published in this month's **DENTISTS IN THE NEWS** have been sent to:

James E. Mahoney, D.D.S., Wood River, Illinois.

Philip Brady, Box 92, Sturbridge, Massachusetts.

David Brodie, Highland Building, Pittsburgh 6, Pennsylvania.

Valrie M. Geier, 18325 Plummer Street, Northridge, California.

M. E. M. Schleffler, 1035 Churchman Avenue, Indianapolis 3, Indiana.

Walter H. Smith, D.D.S., 1408½ Harding Road, Des Moines 11, Iowa.

Theodore Katz, D.D.S., 2802 Grand Concourse, Bronx 58, New York.

Mrs. A. H. Scott, 736 Bayview Avenue, Toronto, Ontario, Canada.

Mrs. S. Ginsburg, 1180 Gerard Avenue, Bronx, New York.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in *Dentists in the News* we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to *Dentists in the News*, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



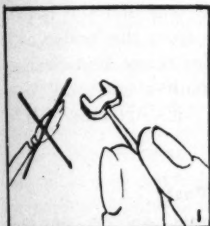
TECHNIQUE of the Month

Conducted by **W. EARLE CRAIG, D.D.S.**

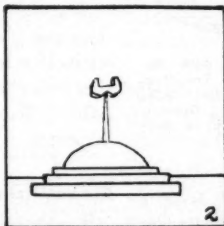
Drawings by **Dorothy Sterling**

Producing Smoother Castings

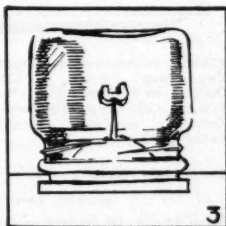
BY **JOSEPH J. SAKMAD**



The conventional method of using a brush to apply a liquid to reduce surface tension may leave the pattern improperly covered or distort its margins.



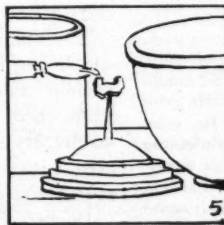
Sprue inlay in the usual manner. Set on sprue base.



Select a small bottle with a wide mouth that will fit closely around one of the steps of the sprue base.



Fill bottle with surface-tension reducing liquid. Immerse the mounted pattern in the liquid, pressing the sprue base tightly against the mouth of the bottle. Bottle may then be shaken or inverted safely.



Proceed with the painting of investment. Invest in the usual manner.

Readers are invited to submit techniques to this department, and to request techniques in which they are particularly interested. Write to Dr. W. Earle Craig, care ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

ASK Oral Hygiene



Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Metallic Taste

Q.—Some months ago I inserted a fixed bridge replacing an infected upper left central for a man. At that time the patient was under the care of a physician for what he described as a nervous condition.

Two months ago he began to complain of a metallic taste in his mouth upon smelling or eating certain foods. His physician has said he is allergic to pork, onions, chocolate, peanuts, and corn. He also told him he has an acid condition (patient's description). He also suffers from gas formation. He complains of the metallic taste upon eating beef, chicken, raw turnips, and drinking coca cola. Other foods he can eat satisfactorily, and soups do not cause the peculiar taste at all. He is unable to identify the taste any further than that it is a metallic taste all its own and is not sour, salty, or bitter.

His physician has suggested it may be coming from the bridge. However, I disagree with that conclusion and wonder if you can give me any enlighten-

ment as to what it might be.—W. H. L., Kentucky.

A.—We have had an occasional complaint from a patient about a metallic taste in the mouth but we have never been able to assign a definite cause. In most, if not all of the cases, the taste has disappeared gradually and such disappearance has been helped when we advised the patient to pay no attention to it. One case cleared up when a gall bladder dyscrasia was corrected.

I agree with you that the taste does not come from the bridge as such. If a bridge is not kept clean, there can be both a taste and an odor from it.—GEORGE R. WARNER.

Desensitizing Paste

Q.—Several years ago you gave a formula for desensitizing teeth. I have forgotten it and wish you would send it to me.

What is the pressure, in pounds, per square inch, exerted by the average person with his natural teeth and with dentures?—G. L. R., California.

A.—The desensitizing paste of which you speak is equal parts of sodium fluoride, glycerine, and white clay. This should be rubbed on the dry surface of the sensitive area, with a plastic instrument, for at least three minutes.

Doctor G. V. Black used a gnathodynamometer for measuring the pressure exerted by natural molar teeth and obtained recordings up to three hundred pounds per square inch. I believe that dentures rarely give more than ninety

pounds per square inch, and most of them much less.—GEORGE R. WARNER.

Root Canals

Q.—I am enclosing a roentgenogram of a case I am treating. The central incisor was putrescent and I have removed the pulp. When changing treatments, the canal drains quite profusely. The cyst formation appears to be around the lateral incisor which is vital to heat tests. I wish to know what to do for the pathologic condition around this tooth.

In treating the central, would it be advisable to force a solution of penicillin through the canal into the periapical area? I am at a loss to know how to stop the excessive drainage from the root canal.—J. L. U., Indiana.

A.—We feel that if you are going to try to save such teeth as this central is, and both central and lateral appear to be, the only safe procedure is to lay back a generous gingival flap for access and open a window through the labial plate. Then clean out the granulomatous area; sterilize and fill the canal or canals and dress off the ends of the roots to clean, smooth surfaces; dust the cavity walls with sulfa or penicillin; and suture the flap to place.—V. CLYDE SMEDLEY.

Dilantin Sodium

Q.—I have read that dilantin sodium was helpful in migraine headache, and some was given to my assistant with good results. Knowing of its use in epilepsy, a half grain capsule along with a half grain phenobarbital was given as premedication to a patient who was having teeth removed with nitrous oxide. (The patient's mother reported that the male patient, age 24, had epi-

leptic seizures.) The anesthesia being "smooth," the same premedication was given to a husky plethoric male for extraction of teeth, using nitrous oxide. Similar premedication was repeated on two other occasions on patients who might be deemed "hard to anesthetize." These patients were quiet during their time of anesthesia. There was no tendency to fight, or other wild movements.

Not finding any records of dilantin sodium being used as premedication, I should like to know if my "discovery" has any value and if the preparation can be harmful in any way. It was also administered with good results to two female patients who complained of headaches.—A. A. G., California.

A.—In regard to the use of the barbiturates for premedication in surgery, I find it has been common practice for many years. Phenobarbital, veronal, allonal, and other forms have been commonly used. I do not know of dilantin sodium being used for this purpose. However, used with the care I am sure you would give, I do not believe there would be any untoward results. The dosage should be adjusted somewhat to body weight. Barbituric poisoning is not common but can result from overdosage.—GEORGE R. WARNER.

Loss of Enamel

Q.—I am 65 and have been taking the juice of one-half of a lemon in a glass of water for over ten years. The labial surfaces of my teeth are in perfect condition. My sister-in-law, who is about two years younger, has taken the same for over fifteen years. We have no rheumatism and are extremely active.

There must be some other cause for the destruction of the enamel. I have two cases of the enamel being dissolved by continuous use of mints, or by plac-

ing them under the upper lip at night.
—C. A. S., Maryland.

A.—If you could have seen the loss of enamel—all of it—on the four maxillary incisors in the mouth of a 50-year-old man whom I saw today, you would have concluded that the lemon juice he had been drinking in warm water every morning for years had something to do with this condition.

We have had a number of cases of loss of labial enamel on the maxillary incisors, and in every

instance the condition has been found in the mouths of those taking lemon-juice water or dilute hydrochloric acid. Why you or your sister-in-law have had no loss of enamel, I cannot say, but it is possible you drink more rapidly than the people who have lost enamel, or consciously or unconsciously do not hold it in contact with your teeth as much as others.

We know that various fruit candies have a low pH and, therefore, will dissolve enamel.—GEORGE R. WARNER.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ LXIII (See page 1867 for questions)

1. (a) rate at which acid is formed in the mouth, (b) rate at which acid is neutralized in the mouth. (Fosdick, L. S.: Mechanism of Caries Control, Fort. Rev. Chicago D. Soc. 15:7 [February 7] 1948)
2. True. (Morgan, G. A.: Anomalies of the Anterior Region of the Mandible, DENTAL DIGEST 54:261 [June] 1948)
3. (a) buccal. (Mead, S. V.: Oral Surgery, ed. 3, St. Louis, C. V. Mosby Company, 1946, page 573)
4. No. (Miller, E. C.: Clinical Management of Amalgam, J. Tenn. D. A. 28:13 [January] 1948)
5. (c) high. (Ehrich, W. E.: Pathology, Philadelphia, Lea & Febiger, 1941, page 42)
6. No. (Barr, J. H.: Problems in Oral Diagnosis and Treatment Planning through Later Years of Childhood, J. Canad. D. A. 14:70 [February] 1948)
7. All. (Accepted Dental Remedies, ed. 14, Chicago, American Dental Association, 1948, page 41)
8. (a) green stain. (McBride, W. C.: Juvenile Dentistry, ed. 4, Philadelphia, Lea & Febiger, 1945, page 81)
9. No. In this position they overhang the tongue and cause it to lift the denture. (Fish, E. W.: Tongue Space in Full Denture Construction, Brit. D. J. 83:140 [October 3] 1947)
10. (a) the seventh nerve. (Robinson, Arthur: Cunningham's Textbook of Anatomy, ed. 5, New York, Wood & Company, 1926, page 694)

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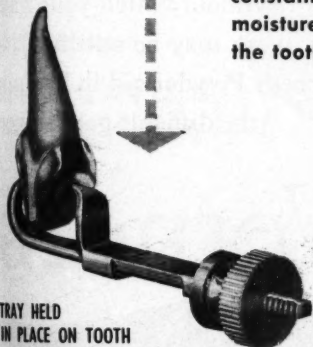
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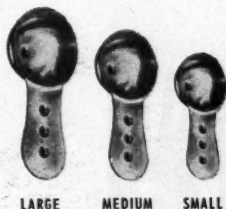
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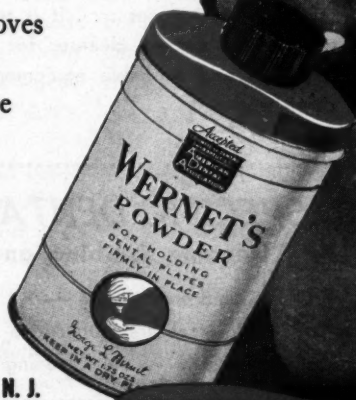
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And from that day a wedding ring was on my finger too.

A year has flown—and now we have the sweetest, wee twin things,

Big eyes, some curls, and dimples too! All caused by little rings.

There was a young fellow named Sid, Who kissed a girl on the eyelid.

She said to the lad, "Your aim's pretty bad;

You should practice a while." So he did.

The other day a young fellow who had just gotten his first job as a truck driver on a highway met a luscious blond.

"Say," he asked her. "How about a date for tonight?"

She looked at his downless face and said scornfully, "Say, I can't go out with a baby."

"Pardon me," the young man said, "I didn't know."

A senior wandered in at 3 a.m. after a glorious evening. In a few minutes a series of unearthly squawks howled out of the radio.

His wife looked into the room and discovered him twisting the dial on the radio back and forth frantically.

"For heaven's sake, what in the world are you doing?" she exclaimed.

"G'way. G'way. Don't bother me," he yelled. "Somebody's locked in the safe and I've forgotten the combination."

Two little girls were busily discussing their families.

"Why does your grandmother read the Bible so much," asked one.

"I think," said the other little girl, "that she's cramming for her finals."

Little Barbara and her mother were discussing one thing and another, when the child asked:

"Mother, when I get married will I have a husband like Daddy?"

"Yes, darling," Mother replied.

"Well, if I don't get married, will I be an old maid like Aunt Martha?"

Mother agreed that she would, and Barbara came back:

"It certainly is a tough world for us women, isn't it?"

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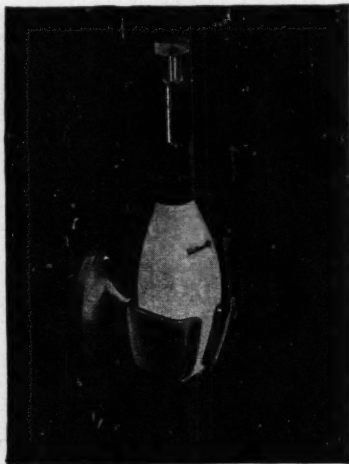
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Cobatin, Novocain, Penicillin Bag. Trademarks Winthrop-Downey Inc.

It doesn't hurt!"

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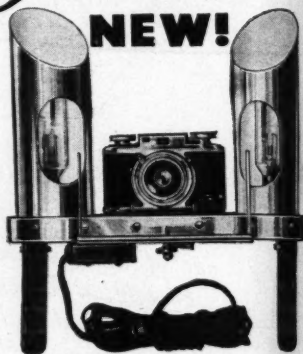
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Polishing action is positive... yet not gritty.

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Add two tea-spoonfuls to your sterilizing water. Even though left in the solution for hours, instruments can be wiped clean and bright instantly.

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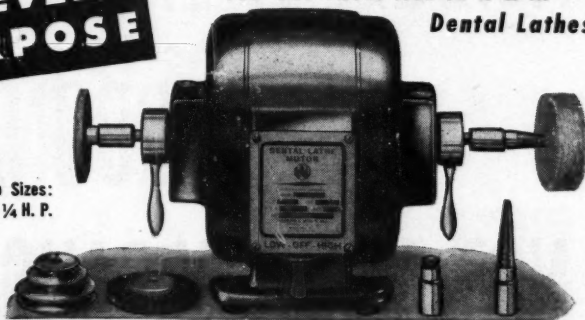
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Claims have been made that acidulated beverages may be a cause of erosion of tooth enamel.

Clinical experiments¹ on a group of more than 60 patients indicate that bottled carbonated beverages are washed so quickly from the mouth that enamel erosion would be practically impossible. They further indicate that after ingestion of bottled carbonated beverages, acidity of the mouth is less than when certain natural fruit juices are consumed.

The experiments were conducted with a kola-type beverage, orange juice, grape juice and tomato juice with the following results. The numerals listed in the chart are average for approximately 8 to 10 persons in each beverage group, and the figures are based on the average recording of the pH meter.

Pincus² states that acid attack on enamel occurs extremely slowly unless the pH of human saliva is replaced by a pH value below 4.5 and maintained at that level. He further states that there is no evidence that this degree of acidity is ever maintained in the mouth for a sufficient length of time to cause dental caries.

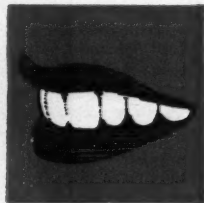
¹ Haggard, H. W. & Greenberg, L. A., personal communication, 1949.

² Pincus, P., *Brit. M. J.*, Aug. 13, 1949.

ED BEVERAGES



OF ENAMEL EROSION



	CARBONATED BEVERAGE	ORANGE JUICE	GRAPE JUICE	TOMATO JUICE
pH* before drink	6.45	6.45	6.55	6.45
pH 5 minutes after drink	5.17	4.98	4.82	4.94
pH 10 min. after drink	6.02	5.88	5.98	5.95

*pH is the symbol used in expressing acidity or alkalinity of all substances. pH7 is the neutral point. Above 7, alkalinity increases; below that figure, acidity increases.

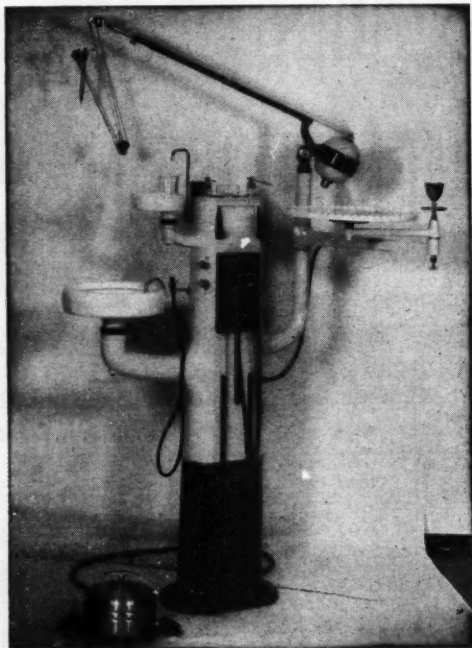


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With the Powdinator Insufflator, you aim concentrated power directly at the source of trouble. A unique device, Abbott-developed, the Powdinator permits a high concentration of penicillin and sulfanilamide powder to be insufflated evenly and rapidly into post-extraction sockets or other wounded areas of the mouth. And by following this convenient method of prophylaxis and treatment of local infections, you avoid subjecting your patients to the possible side-effects which may occur when penicillin and sulfanilamide are given for a high systemic concentration.

The Powdinator package consists of a special insufflator bulb and 20 sealed sterile glass tubes, each containing 5000 units of crystalline penicillin G potassium and 0.25 Gm. of sulfanilamide. If you haven't tried this simple, effective technique for combating local infection, why not order a Powdinator package for trial? The Powdinator Insufflator is available through your favorite source of supply. ABBOTT LABORATORIES, North Chicago, Illinois.

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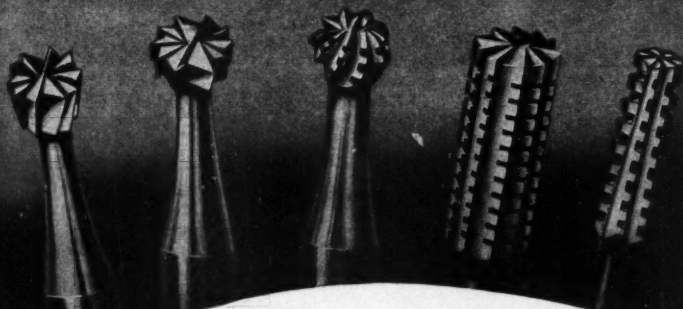
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Ash Burs are available in Standard and Miniature types, as follows:

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Flat Fissure (cross-cut)	555 1/2-567
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Ash Burs, made in England, are now available at substantially reduced prices. Here are a few of the reasons why you should take advantage of these new outstanding values:

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2 The steel is the best British tungsten steel, and the necessary heat treatment is electrically controlled, insuring constancy of result.

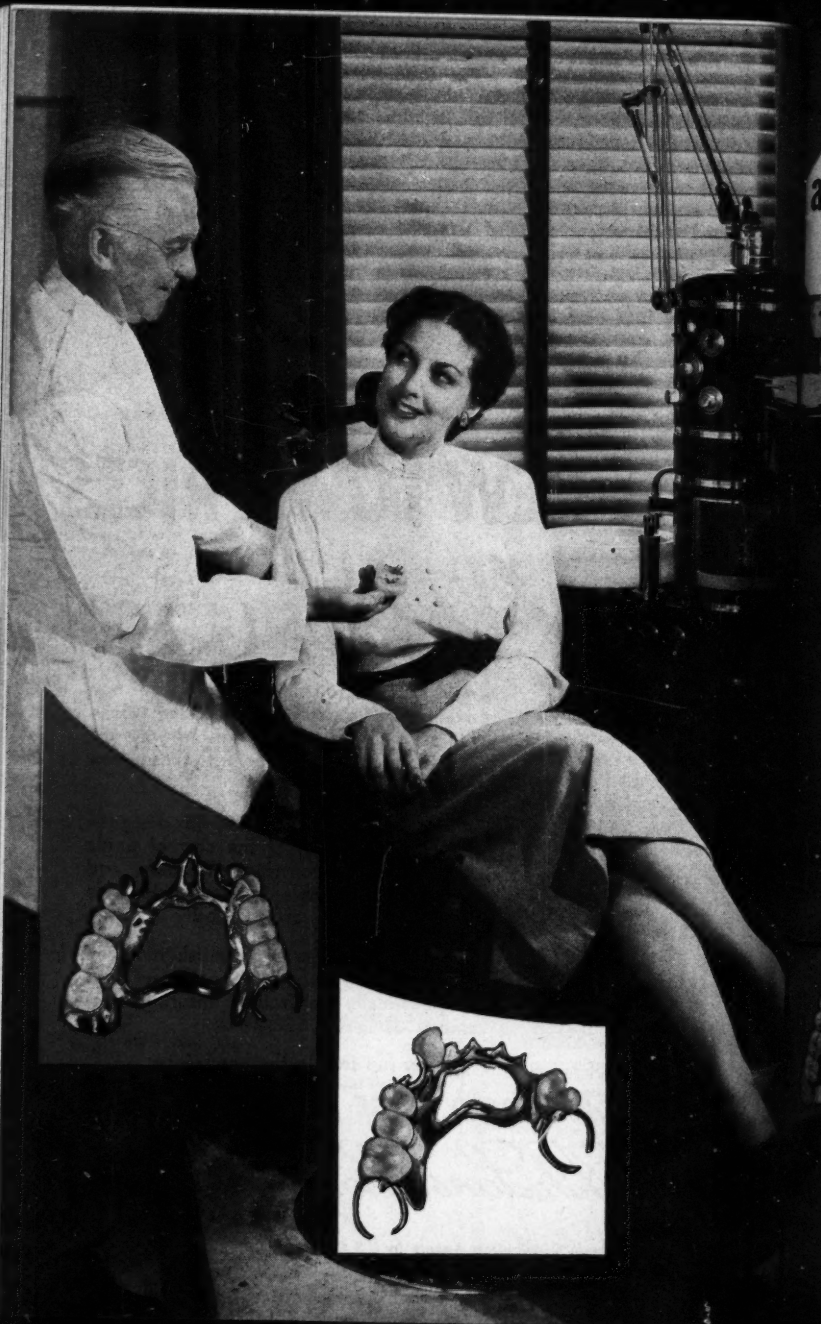
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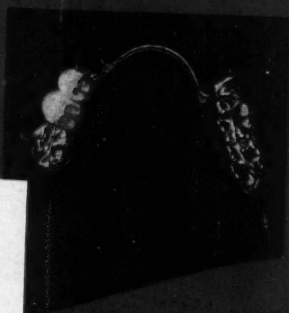
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Widespread publicity regarding medicated dentifrices has led many to believe that there is a definite preventive of dental caries. A careful study will indicate that these products are still in the experimental stage and continued use may prove detrimental to the oral tissues. The Acceptances claimed by these dentifrices containing various chemicals are limited "for clinical trial" and for "potential therapeutic value" only.

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Revelation TOOTH POWDER

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This will assure fully predictable results in every situation.



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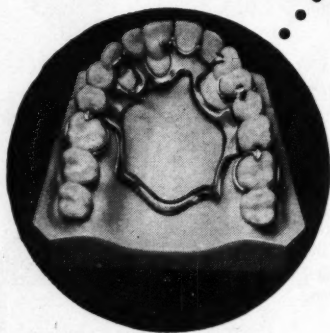
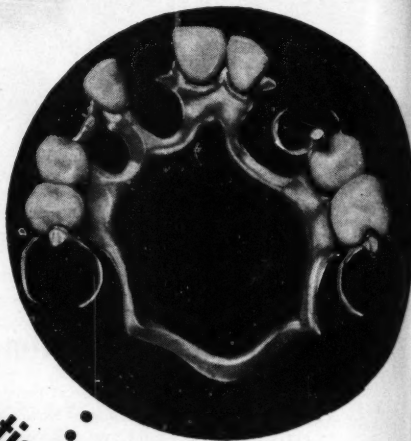
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TRADE-MARK

Comfortable Prosthetic... Dentistry... began with use
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Have you sent for your free copy of
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PALLADIUM-GOLDS IN DENTISTRY"?

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Platinum-palladium-golds have the prestige and practical advantages to give satisfaction to the patient, the dentist and the laboratory. Discuss their many merits with your patients.

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DENTAL COUNTERIRRITANT



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Patients are Grateful!



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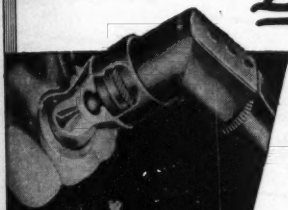
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when you use the polisher with the
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built right in the cup . . .



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To try—send for free sample unit

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SMALL
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Saves your regular handpiece
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Expressly designed for reception
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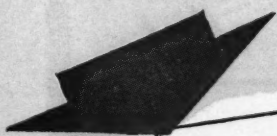
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HANDPIECE-POLISHER
OFFERS!

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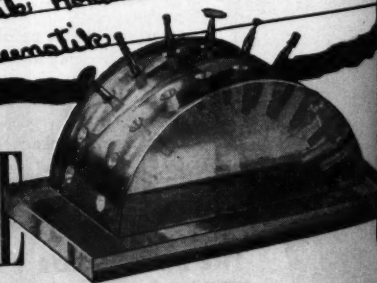
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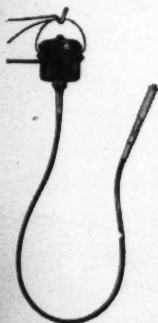
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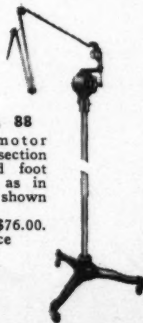
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Comes with powerful, high-speed, dynamically balanced reversible motor with forced-draft air-cooling feature, superior precision-built 3-section arm and foot rheostat. Heavily weighted base prevents upsets. Price \$63.50. Handpiece extra.



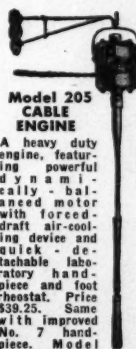
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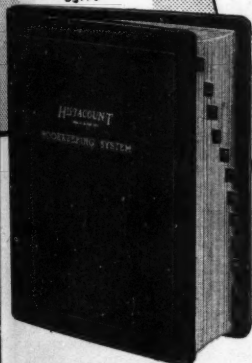
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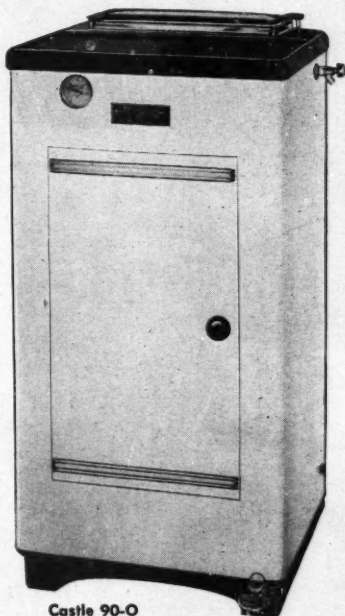
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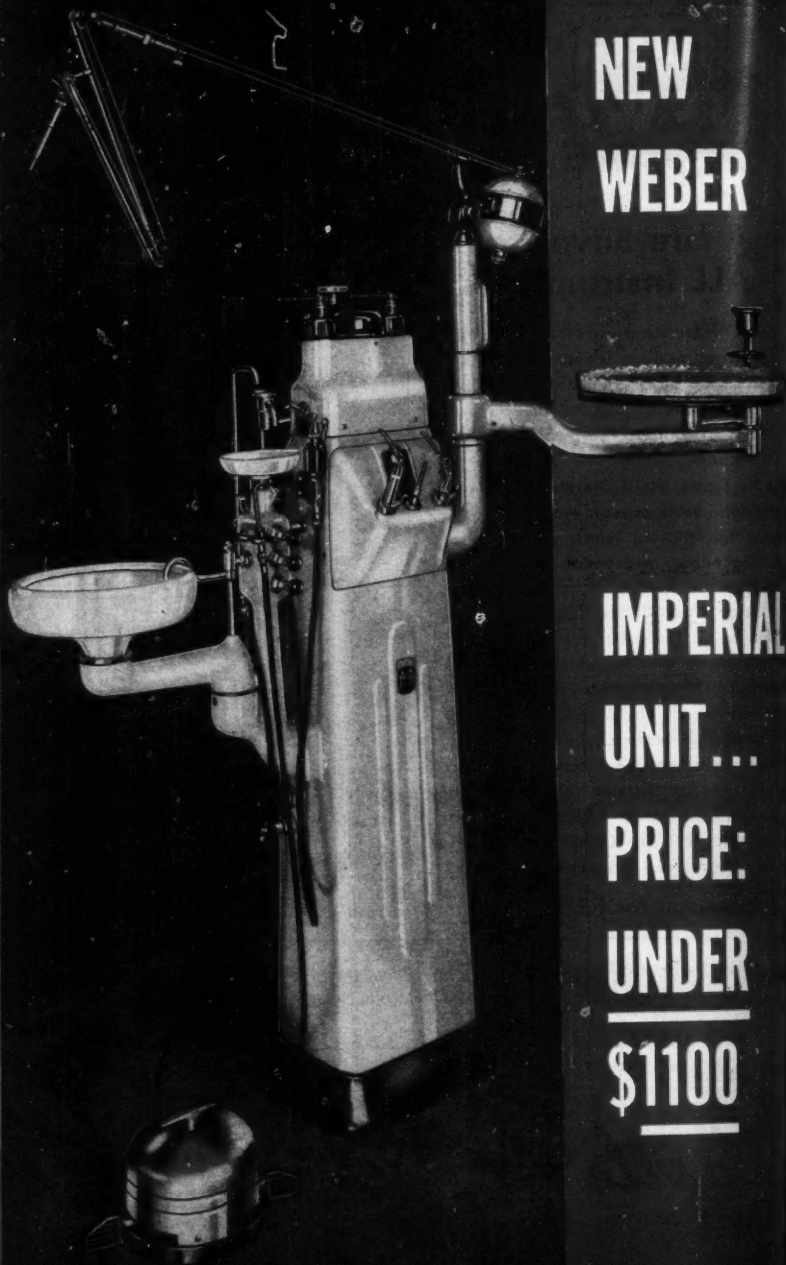
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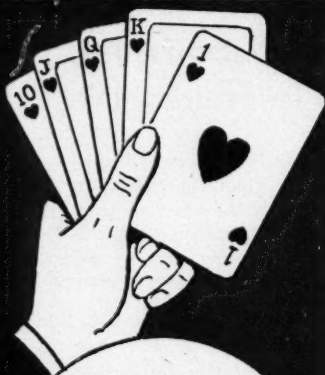
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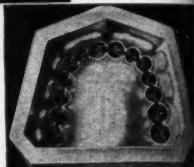
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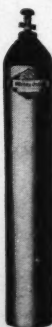
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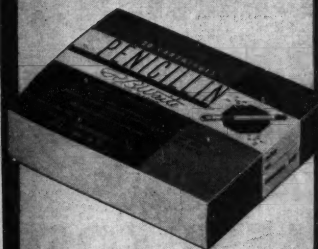
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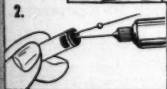


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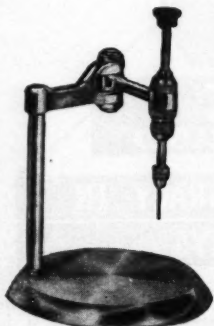
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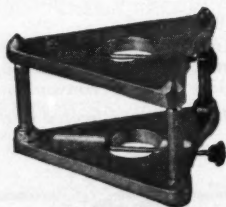
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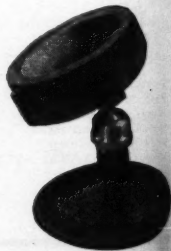
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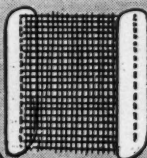
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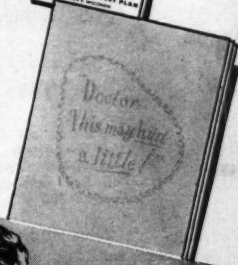
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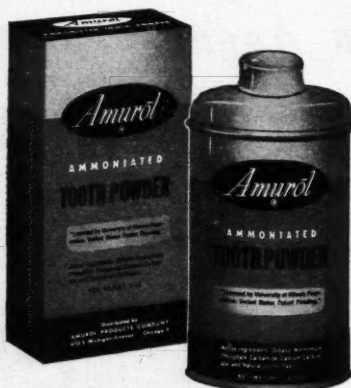
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Controlled clinical evidence proves the therapeutic potential of Amuröl. That is why it merits the professional acclaim given it . . . and why, when patients ask you what dentifrice they should use, you can say "Amuröl" with full confidence.

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It's not necessary to buy new BURS!



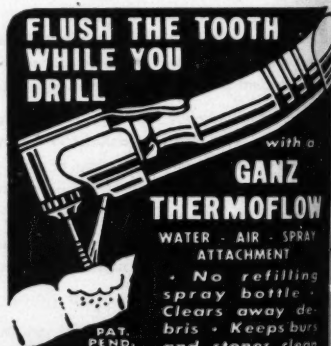
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WATER - AIR - SPRAY
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The Gold Faced backings preserve the original shades of the New Hue facings, making shade selection far easier and insuring best esthetic results.

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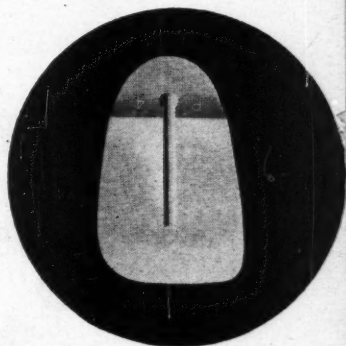
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replace anterior teeth,

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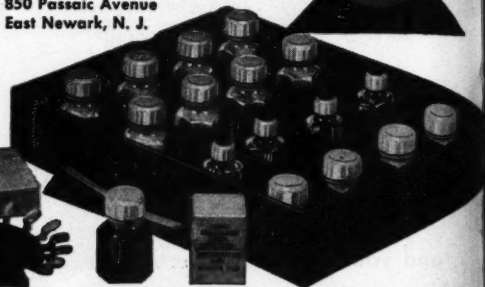


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INDEXO the rubber brush provides a means of obtaining just the right amount of stimulation. Vigorous rubbing is unnecessary . . .

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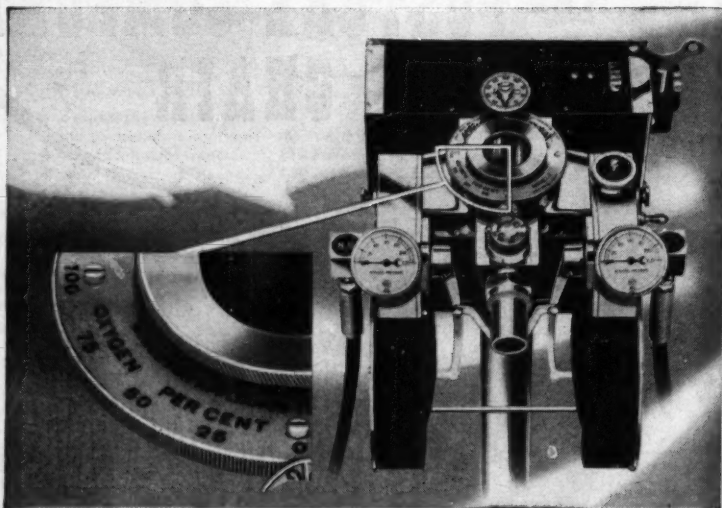
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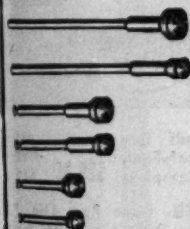
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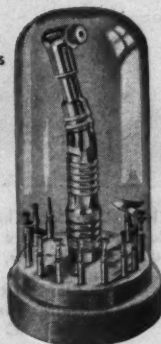
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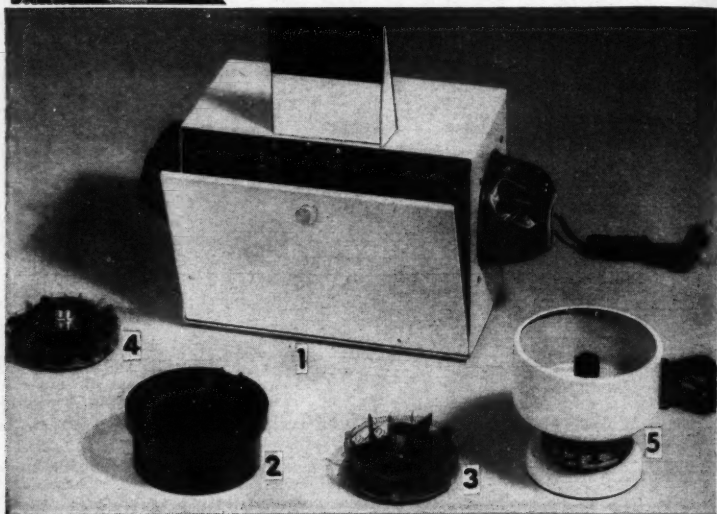


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Dealer See in thru the hood, also guarded by safelight glass. Complete

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FIVE
\$29.95
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For No. 3 Interproximal films only.
Holds 10. Also may be used
with gallon tank **\$10.75**

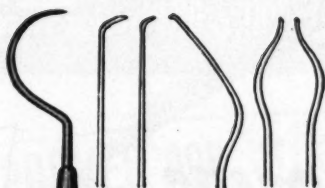
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WILL NOT
WASH OUT
•
DOES NOT
IRRITATE
THE PULP

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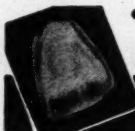
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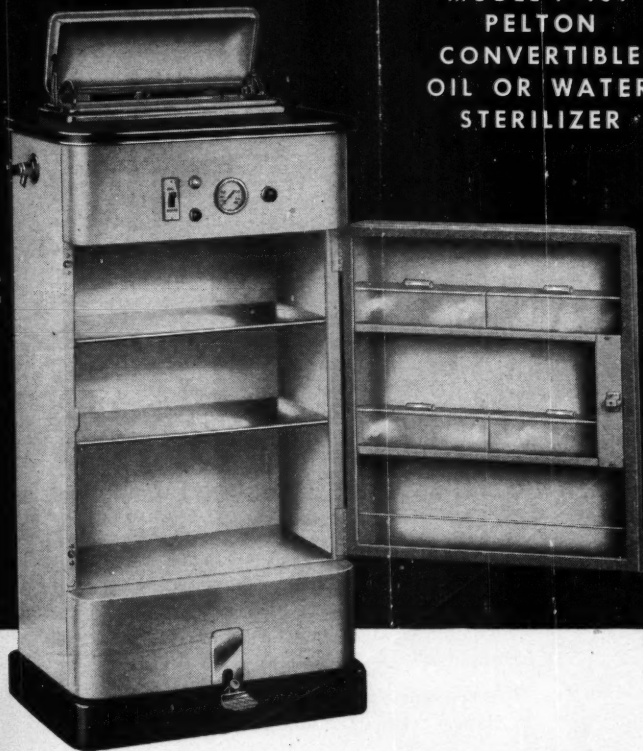
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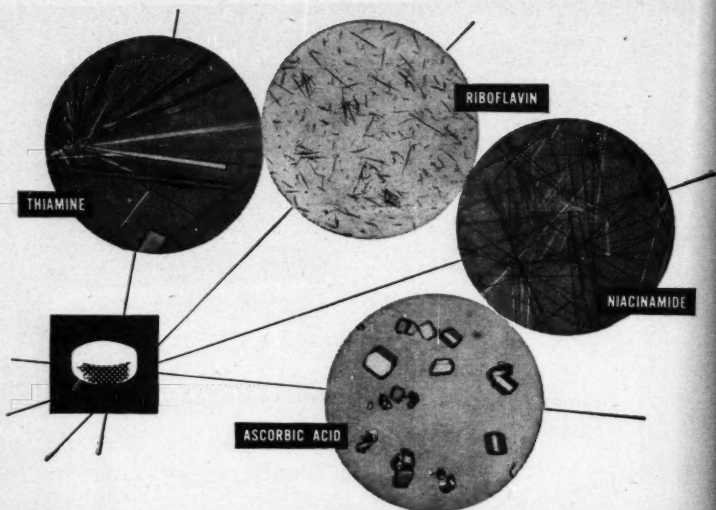


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CORRECTION—of the deficiencies often associated with changes giving rise to gingivitis

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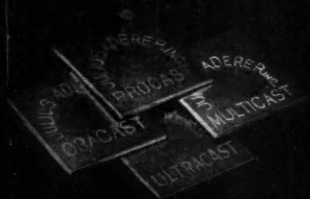
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Bottles of 30, 100,	Ascorbic Acid.....	150 mg.
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National Research Council Allowances, Sedentary Man (154 lbs.)	2,400	70	1.0	1.2	12	1.5	5,000	1.2	1.8	12	75	Small Amount
Ovaltine in Milk, 3 Servings*	676	32	1.12	0.5	12	0.94	3,000	1.16	2.0	6.8	30	417
Percentages of N. R. C. Allowances Provided by 3 Servings* of Ovaltine in Milk	28%	46%	112%	42%	100%	63%	60%	97%	111%	57%	40%	Abund- ance

* Each serving made of 1/2 oz. of Ovaltine and 8 fl. oz. of whole milk.

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Protection of dietary adequacy is also protection of dental health.

The *multiple nutrient dietary food supplement*, Ovaltine in milk, is especially qualified for protecting the nutrient adequacy of the diet of the dental patient. This is readily apparent from the data in the above table listing:

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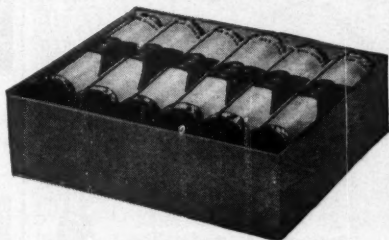
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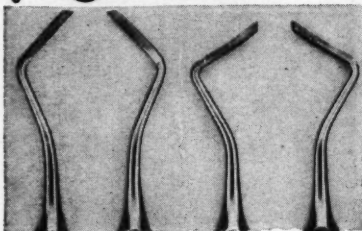
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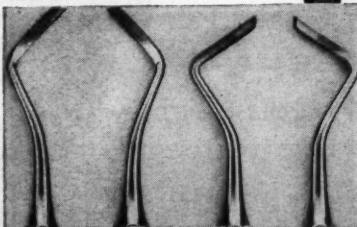


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It is especially helpful with children and nervous patients.

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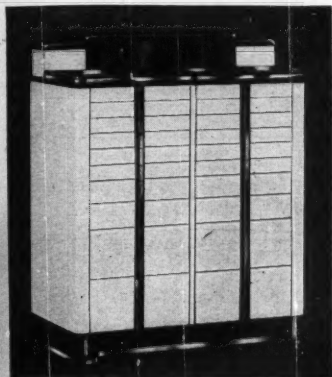
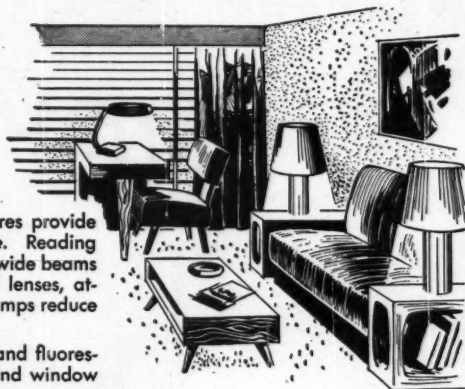
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*Nationally Known Author,
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*-meets
every test for
a good restoration*





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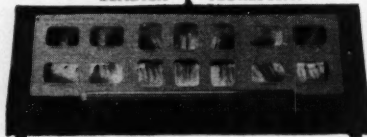
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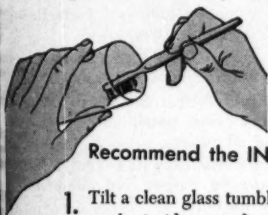
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INGRAM is advertised to the
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For the most effective aid in combatting dental caries

INGRAM AMMONIUM ION TOOTH POWDER

should be used upon arising and before retiring and
whenever possible immediately after each meal.



Recommend the INGRAM THREE-STEP ROUTINE:—

1. Tilt a clean glass tumbler and pour $\frac{1}{2}$ teaspoonful of powder on the inside curved surface.
2. Moisten toothbrush, dip it into powder and brush all surfaces of the teeth and gum margins.
3. Pour water on remaining powder in glass until one third full. Mix, use as rinse, retaining in mouth for full minute. Do not follow with clear water or other rinse.

Literature and supplies to help you introduce INGRAM home dental care to your patients have been mailed. Additional copies may be obtained on request.



The Council on Dental Therapeutics of The American Dental Association has accepted INGRAM AMMONIUM ION TOOTH POWDER for clinical trial.

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TOOTH POWDER

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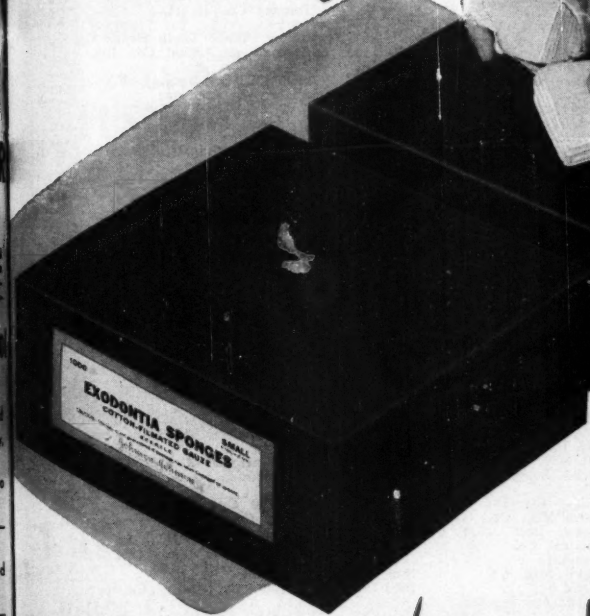
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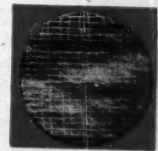


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Close-up of inner gauze
surface, showing cotton
filament for greater
absorbency.



WHO'S WHO AND WHERE

Although we aim for accuracy in this index, last-minute changes often alter page numbers and positions.

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...KILLS
FUSIFORM BACILLI
...KILLS
SPIROCHETES**

*—the organisms associated
with gingival diseases*



4 REASONS WHY

*more Dentists have prescribed **NEUTROX**
than any other dentifrice!*

1 Actually kills bacilli and spirochetes associated with Vincent's Infections!

Tests *in vitro* prove that Neutrox kills more than 8 million fusiform bacilli in less than 60 seconds* . . . kills more than 18 billion spirochetes in less than 30 seconds**. No other dentifrice offers this amazing proof!

2 Relieves gingival diseases . . . helps prevent recurring gum infections!

Neutrox brings quicker, better results because it releases 3.7 times more active oxygen than sodium perborate U.S.P.—in a neutral solution *safe* for daily use.

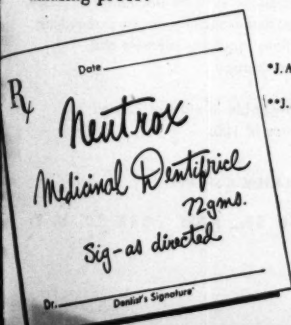
3 Cleans teeth cleaner because it combines—for the first time—the purifying power of nascent oxygen with its own special polishing agents.

4 Advertised to the dental profession only! Over 2 million packages prescribed and recommended by dentists.

*J.A. Ph. A.
36:385, 1947
**J.A. Ph. A.
38:258, 1949

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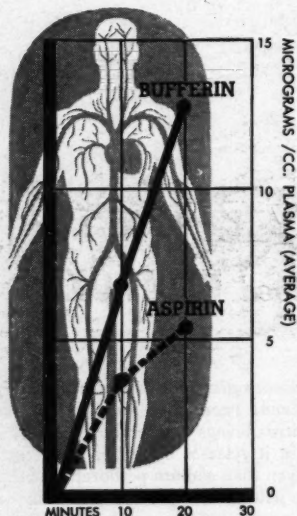
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higher blood salicylate levels
more quickly with

BUFFERIN

ASSURES PROMPTER ANALGESIC ACTION



COMPARISON OF BLOOD
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INGESTION OF ASPIRIN AND
BUFFERIN

It is **BUFFERIN**'s speedier absorption into the blood stream which promotes its more rapid analgesic action. Within 10 minutes after its ingestion the blood salicylate levels are as great as those attained by aspirin in twice this time. In 20 minutes **BUFFERIN**'s blood salicylate levels are double its 10 minute levels.

BUFFERIN is better tolerated—an added advantage. Gastric distress—sometimes found when aspirin is taken—is almost unknown when **BUFFERIN** is the analgesic used; for, in addition to its 5 grains of acetylsalicylic acid, it provides optimal proportions of the antacids magnesium carbonate and aluminum glycinate.

Patients appreciate the "faster pain relief with better gastric tolerance" which **BUFFERIN** provides.

INDICATIONS: — For the relief of simple headaches and neuralgias, dysmenorrheas, muscular aches and pains, and the discomfort of grippe, colds, minor injuries, and especially, for those rheumatic and arthritic conditions requiring intensive and prolonged salicylate therapy . . .

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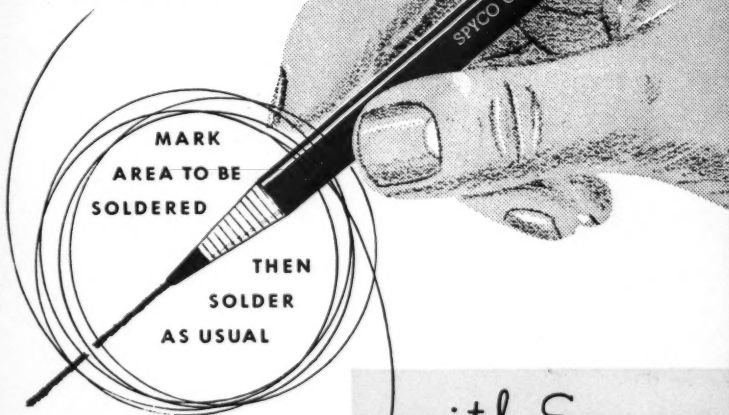


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Here's a new, highly satisfactory and easy way to improve gold soldering. With Spyco's Gold Soldering DENCIL, mark the area you wish to solder, then solder as usual. That's *all*; no awkward applications, no liquids or powders, no spilling. The Dencil makes fluxing *as easy as drawing a line!*

The Spyco Dencil has an especially compounded and fused mixture of fluxing ingredients with a melting range carefully adjusted just below the melting range of gold solders. It burns and volatilizes completely leaving a thin adherent, protective film.

Useful in all soldering operations including partials, skeleton cases, orthodontic appliances, wires, inlay contact points... For better, faster, more convenient fluxing use the handy, economical Spyco Dencil. Only 85¢. Your dealer can supply you.

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with Spyco GOLD SOLDER

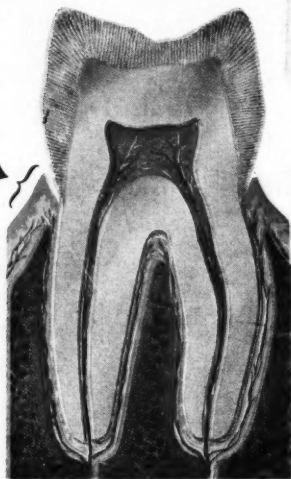
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the **marginal area** —
where gum massage is im-
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tends to impact and resist re-
moval by careless brushing
—where a stagnant blood
supply may predispose to
periodontal disease.



*that is why it is so important
to stress the **Ipana Routine**:*

1. Between regular visits to the dentist,
brush all teeth surfaces with IPANA
at least twice a day.
2. Then massage the gums the way the dentist
advises to stimulate gum circulation.
(IPANA'S unique formula actually helps
stimulate the gums — your patients
will feel and enjoy
the invigorating
tingle!)



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